CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

† For complete roster of officers, see advertising pages 2, 4, and 6.

OFFICIAL BUSINESS

COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION: MINUTES

Minutes of the Three Hundred Fifth (305th) Meeting of the Council of the California Medical Association*

Meeting was called to order in room 404 of the Jonathan Club at Los Angeles, on Sunday, September 13, 1942, at 10:00 A.M., Chairman Philip K. Gilman, presiding.

1. Roll Call:

Present: Chairman Philip K. Gilman, and Councilors William R. Molony, Sr., Henry S. Rogers, Lowell S. Goin, E. Earl Moody, Dewey R. Powell, Sam J. McClendon, Edward B. Dewey, Louis A. Packard, Axcel E. Anderson, R. Stanley Kneeshaw, Frank R. Makinson, Frank A. MacDonald, Calvert L. Emmons, John W. Cline, John W. Green, Edwin L. Bruck, Donald Cass, and George H. Kress, Secretary-Treasurer.

Absent: President-Elect Karl L. Schaupp.

Present by invitation: E. Vincent Askey, Vice-Speaker; Dwight H. Murray, Chairman of Committee on Public Policy and Legislation; Edward M. Pallette, Procurement and Assignment Service; A. E. Larsen, Secretary, California Physicians' Service; John Hunton, Executive Secretary; Hartley F. Peart, Legal Counsel; Howard Hassard, Associate; Ben Read, Secretary, Public Health League; Mr. Nicola Giulii, and Mr. Walter Swanson.

2. Minutes:

Minutes of the following meetings of the Council and the Executive Committee were approved:

(a) Council Meetings: 300th meeting, May 3, 1942; 301st meeting, May 4, 1942; 302nd meeting, May 5, 1942; 303rd meeting, May 6, 1942; and 304th meeting, May 7, 1942.

(Abstracts were printed in C. & W. M., June, 1942, on pages 357-360.)

(b) Executive Committee Meetings: Organization (176th) meeting, May 7, 1942; meeting, July 11, 1942. (Abstract in August C. & W. M., page 145); meeting of September 8, 1942.

3. Membership:

(a) A report of membership was submitted and placed on file. Total number of members who have paid 1942 dues is 6926, this group including 794 members in military service whose dues were paid from the General Fund of the C.M.A. Total number of new members included in the above, 398.

(b) A list of last year's members to a total of 1481, whose 1942 dues have been paid subsequent to April 1, 1942, was submitted, the membership of such members having automatically lapsed on April 1, 1942. On motion duly made and seconded, their active membership for the year 1942 was reëstablished.

(c) Upon motion duly made and seconded, it was voted that Retired Membership be granted to two members whose applications were received in duly accredited

* Reports referred to in minutes are on file in the headquarters office of the Association. Minutes as here printed have been abstracted.

form from their respective component county societies:
Joseph A. Champion, San Bernardino County.
Will R. Manning, Ventura County.

4. Financial:

(a) Executive Secretary Hunton made reports of finance as follows:

Report of finances as of September 12, 1942; and report of income and expenditures for August and for 8 months ending August 31, 1942.

(b) Concerning members who have been in military service and who have returned to civilian practice, it was voted that such members should again become paying members, the dues being prorated, with exemption for the military service periods.

(c) For several years, the California Medical Association has granted subsidies of twenty-five cents per active member to the Lane Medical Library of San Francisco and to the Barlow Medical Library of Los Angeles; these two institutions in return maintaining special packet service and similar activities for members of the Association.

It was voted that for the year 1942 the twenty-five cent payment should be made for only such active members as have themselves paid their annual dues. There will be no library allocations for members in military service, whose dues are paid from the General Fund of the California Medical Association.

(d) Concerning C.P.S. or other coverage for clerical employees of the central C.M.A. office, Council Chairman Gilman was empowered to appoint a committee to report thereon.

(e) The action of Council Chairman Gilman in accepting the advice of the Legal Counsel that court action be not commenced to recover federal deficiency tax assessments paid in years 1936-1939, inclusive, was approved.

5. Resignations and Appointments:

Report was made concerning resignations and tentative appointments made by the Council Chairman. On motion made and seconded, the same were approved:

(a) *Editorial Board:*
Resigned from Pathology: Dr. David A. Wood, San Francisco.
Appointed to fill vacancy: Dr. Alvin Cox, San Francisco.

(b) *Special Committee on Industrial Fee Table:*
Resigned: Dr. Morton R. Gibbons, San Francisco.
Appointed to fill vacancy: Dr. Donald Cass, Los Angeles.

(c) *Committee on Postgraduate Activities:*
Resigned: Dr. Francis Rochex, San Francisco.
Appointed to fill vacancy: Dr. Dan Delprat, San Francisco.

(d) *Technical Advisory Committee for Nutrition of Workers in War and Related Industries:*
Appointed: Dr. John V. Barrow, Los Angeles.

6. California Physicians' Service:

(A) The Council gave consideration to a letter dated September 8, 1942, received from California Physicians' Service, through its Secretary, Doctor A. E. Larsen. Action on the items contained therein was as follows:

(a) Concerning the possibility of California Physicians' Service making a contract with the National Housing Agency to render medical care to war workers residing in Federal Housing Projects, the state-wide plan proposed by C.P.S. was given approval, through adoption by the Council of the resolution on the same subject recommended by the Executive Committee of the California Medical Association at its meeting of September 8, 1942:

Resolved, That the C.M.A. Executive Committee believes that it is to the best interests of present and future medical practice in California, both as regards physicians now in civilian practice and to colleagues in the armed services, that the provision of medical and collateral service designed for citizens attached to Federal Housing projects be carried through in harmony with a state-wide plan, as laid down in principles that have been enunciated by the House of Delegates of the California Medical Association; it being stipulated that the state-wide plan shall provide for fullest possible control and coöperation by local county medical societies and members, in carrying through such medical service in satisfactory manner.

(b) Report was made upon the development of the C.P.S. program to spread the rural health program, which, in its beginning in the year 1941, had centered in Butte, Sonoma, and Monterey Counties, and which it was now proposed should be placed upon a state-wide basis. It was stated that C.P.S. had informed its professional members in regard to the extension of the plan. The C.M.A. Council gave its approval to the continuation of this work, and to the extension of scope that would place it on a possible state-wide basis.

(c) The plan of the C.P.S. to employ a limited number of refugee physicians in the Federal Housing Projects, placing such physicians on a salary basis, but stipulating that their full time should be given to their salary work, with no permission to engage in private practice in the communities, was discussed. The Council gave its approval to the plan as above outlined.

(B) A situation which had arisen in Santa Clara County, in connection with a large wartime industrial plant, was explained by Officers of C.P.S. and Councilor Kneeshaw of the 5th Councilor District.

It was brought out that this industrial enterprise had to do with production of war materials essential to the welfare of our Country; and under existing wage conditions, a larger number of employees than usual were somewhat above the $3,000 income ceiling limitation. It was stated that the industrial management was kindly disposed to California Physicians' Service and was willing to supplement the regulation monthly prepayments by subsidies, provided arrangements could be made that would insure prompt first-aid care, etc. There would be no attempt to infringe upon professional work coming under the California Industrial Accident Act; it being stated further, that the commercial insurance carrier covering the industrial risks was willing that patients requiring care under the Industrial Accident Act should be cared for by physicians and surgeons in Santa Clara County, where they could receive prompt attention, instead of sending them to one of the more distant metropolitan centers for professional aid.

After considerable discussion, on motion by Cline, seconded by MacDonald, it was voted it be the policy, as regards this and similar cases that might arise, contracts should have safeguarding provisions concerning industrial and nonindustrial professional work rendered by salaried physicians. Further, that the contracts should be made with employee groups rather than with the owners of the establishments; and that when salaried physicians were placed in such plants by C.P.S., the delineation of duties should be clearly defined.

(C) Report was made that a goodly number of members of the Alameda County Medical Association who had resigned as professional members of California Physicians' Service had reconsidered their resignations and had withdrawn the same, and that the conditions in that County were much improved.

(D) The Council considered the information that had come to it that the hospital organization, "Hospital Service of California," with headquarters in the San Francisco Bay region, contemplated the extension of its hospitalization activities by offering medical or surgical

service indemnity contracts.

After discussion, on motion by Cline, duly seconded, it was voted that the Council call the attention of Hospital service of California to the governing rules outlined in Minute No. 7947 of the meeting of November 2, 1935, at which time a special committee, consisting of Doctors C. A. Dukes and Daniel Crosby, brought in a report that was approved; Paragraph No. 1 under the governing rules being as follows:

"1. Hospital services that are provided by nonprofit corporations shall not include medical services or medical care as these have been defined by official action of the House of Delegates of the American Medical Association."

The Council voted that Hospital Service of California be reminded that the original approval of Hospital Service of California by the California Medical Association was conditioned on the governing rules referred to. Further, that Hospital Service of California be informed that the proposed medical service contracts by that organization would be contrary to the conditions under which approval had been given by the California Medical Association; and that if such medical service contracts were written by Hospital Service of California, then the Council of the California Medical Association would have no other option than to withdraw its approval of the hospitalization organization, "Hospital Service of California."

(E) Discussion took place concerning the increasing number of employees who were formerly in the lower income groups, but who under the existing war-time conditions were receiving salaries in excess of the $3,000 ceiling.

The importance of having the medical profession keep in step with other agencies throughout the United States in promotion of wartime efficiency and output was stressed, it being stated that, in all probability, at the end of the duration, the unusual economic conditions now existing, in which many incomes are larger, but living expenses also greater, would probably rectify themselves. In the meantime, it seemed desirable that California Physicians' Service should be permitted to provide service for certain income groups, with full understanding, however, that any variations concerning income ceilings, etc., should be looked upon as of a temporary nature.

It was felt that it would expedite the work of C.P.S. if a general policy could be outlined so that the C.P.S. could proceed without bringing every special incidence for specific action by the C.M.A. Council.

Upon motion by Cline, seconded by Molony, the Council voted that, as a general policy concerning large groups of employees, the $3,000 wage ceiling was desirable, but that California Physicians' Service should be permitted to make contracts even though some employees were above the $3,000 ceiling; provided, however, that when the number of such employees exceeded ten per cent of the whole, then the proposed contract should be referred to the Council for action.

(F) Other problems dealing with shipyards in the northern and southern sections of the State were discussed, but no definite action was taken thereon, it being felt that the principles previously considered by the Council would cover most conditions as they might arise.

7. Basic Science Initiative:

(a) Report was made concerning the Basic Science Initiative. Mr. Read, of the Public Health League, outlined the steps that organization had taken and spoke of procedure plans for the future.

Mr. Read stated that to date no influential lay group had opposed the Basic Science Initiative. Further, that steps had been taken to interest organizations of both men and women in the work ahead and that literature, radio, and speaking bureaus would be utilized to keep the proposed law properly before the public.

For the California Medical Association, the general supervision of the Basic Science campaign will be under the care of a steering committee consisting of Doctors John W. Cline of San Francisco; Frank R. Makinson of Oakland, and John W. Crossan of Los Angeles.

8. Physicians' Benevolence Fund:

(a) Doctor Axcel E. Anderson made a report on behalf of the Physicians' Benevolence Committee of the California Medical Association, outlining its work to date, explaining some of its difficulties, and indicating some of its hopes for the future.

9. American Medical Association:

(a) The Annual Session of the American Medical Association, which by action of the House of Delegates of the American Medical Association two years ago, was scheduled to be held in San Francisco in the year 1943 on date to be selected by the A.M.A. Board of Trustees, was then taken up for consideration.

Doctor Edward M. Pallette, newly-elected Trustee of the American Medical Association, who was present by invitation, outlined the problem to be considered by the A.M.A. Trustees, in relation to the San Francisco meeting in 1943.

A full discussion ensued in which many Councilors took part. Such items as transportation facilities, military possibilities and needs, room allocations in the Civic Auditorium buildings, funds already appropriated by the City of San Francisco, and other related matters were fully covered.

After further discussion, upon motion by Councilor Cline, President of the San Francisco County Medical Society, the following resolution was unanimously adopted:

Resolved, **By the Council of the California Medical Association, in the event the Board of Trustees of the American Medical Association decides to call no general scientific meetings in the year 1943, limiting the Annual Session to meetings of the A.M.A. House of Delegates, that under such conditions the California Medical Association will have no special interest in the place of meeting; and be it further**

Resolved, **By the Council of the California Medical Association, in case the American Medical Association proceeds in accordance with past custom, to hold a regular annual session, with section meetings, scientific and technical exhibits; that under such conditions, next year's annual session should be held in San Francisco in accordance with the action taken by the A.M.A. House of Delegates, it being agreed that in case, later on, military circumstances should arise necessitating other arrangements, the A.M.A. Board of Trustees could always take appropriate action.**

(b) Discussion was had concerning per diems for Delegates of the California Medical Association to sessions of the House of Delegates of the American Medical Association. Although the by-laws do not classify such delegates as officers, it was felt that they were acting in the same capacity as officers of the California Medical Association, and it was agreed that they should not be put to too great a money loss in attendance at these meetings. It was pointed out that it was almost universal custom of state medical associations to cover the expenses of their delegates. Upon motion by Moody, seconded by Packard, it was voted that the regulation per diem for officers should be paid to C.M.A. Delegates to cover a time period of attendance and return by the most direct route. First class rail transportation and lower berth also to be allowed.

10. Rebate Resolutions:

(a) Attention of the Council was called to a letter received from the American Medical Association, through

its Secretary, Doctor Olin West, regarding resolutions adopted by the House of Delegates of the A.M.A. concerning rebates, the same having been submitted by the C.M.A. House of Delegates. (Reference: August, 1942 issue of CALIFORNIA AND WESTERN MEDICINE, pages 151-153.)

11. Prescription Blank Proposal:

A communication from a banknote company regarding prescription blanks was considered.

It was voted that the California Medical Association could not become a party to a plan that would promote any type of advertising.

12. Fee Table of the California Industrial Accident Commission:

Report was made by Councilor Cass for the Special Committee on Fee Tables (consisting of Doctors Cass, MacDonald, and Hoag), concerning plans to present to the Industrial Accident Commission proposals for increase in fee-table rates for professional services rendered to citizens coming under the Industrial Accident Act.

Upon motion duly made and seconded, a special committee consisting of Council Chairman Gilman, Legal Counsel Peart, and Executive Secretary Hunton was appointed to coöperate with the Special Committee on Fee Table, and to have power to secure additional aid if necessary, in the attainment of the desired objectives.

13. Procurement and Assignment Service:

Doctor Edward M. Pallette of Los Angeles, and Chairman of Procurement and Assignment for the fourteen southern counties of California, was called upon for a report concerning the procurement work. Doctor Pallette spoke of the present situation, stating that in some of the rural communities, owing to the limited number of physicians remaining, no further procurements could be taken therefrom, and that the filling of California's quota of something like 2800 physicians by December 31, 1942, now must come largely from the metropolitan areas.

14. Legal Report:

Legal Counsel Peart reported on several interesting medical-legal cases.

As regards services recently rendered by Messrs. Maurice Rankin and Louis O'Neal in San Jose, motion was made by Anderson, seconded by Kneeshaw, that a vote of thanks be tendered these gentlemen for their generous coöperation.

15. Annual Joint Conference of County Society Secretaries and C.M.A. Officers:

Association Secretary Kress called attention to the annual joint conference of County Society Secretaries and C.M.A. Officers, and Chairmen of Standing and Special Committees of the State Association.

After discussion, it was voted that the Council should hold its next meeting on Saturday, February 27, 1943, and that the annual joint conference with County Society Secretaries should be held on Sunday, February 28, 1943.

16. Proposed School for Medical Record Librarians:

A letter received from Councilor Makinson concerning a proposed school, "School for Medical Record Librarians" was read and referred to the Standing Committee on Hospitals, Dispensaries, and Clinics (J. Norman O'Neill, Benjamin W. Black, and Walter Rapaport) for report and recommendations.

17. Resignation of Councilor Louis A. Packard:

Councilor Louis A. Packard presented his resignation as Councilor for the Third Councilor District, stating that he would be away from the State for some time.

Upon motion duly made and seconded, the resignation was accepted with regret.

The Council voted that Council Chairman Gilman should appoint a committee to submit names for a successor to Doctor Packard, whose term expires in 1943. Council Chairman Gilman stated he would ask the Presidents of the county societies in the Third Councilor District to send such names to him, these then to be submitted to the Council.

18. The Present Complexion of State Boards:

In an informal discussion, the importance of keeping in touch with the State Board of Public Health and the State Board of Medical Examiners was brought out, attention being called to the fact that these Boards have great authority and influence over matters concerned with the public health and the best interests of medical practice. It was felt that members of the medical profession should remain in touch with the members of such Boards, and with related governing bodies, in order that standards to which the medical profession is committed should be kept constantly in mind.

19. California State Chamber of Commerce:

Upon motion by Dewey, duly seconded, it was voted that the California State Chamber of Commerce be granted a donation of $50.00.

20. Membership Requirements for Physicians Seeking Admission to Membership in Component County Units of the California Medical Association:

Discussion was had concerning the large number of physicians in California who are licensed and who have not secured citizenship.

It was voted that the Association Secretary communicate with the component county medical societies, informing them that the Council submitted the suggestion that each component county unit might well consider whether it would not be desirable to demand citizenship as one of the requirements for membership.

21. C.M.A. Annual Session in 1943:

It was agreed that plans previously outlined for next year's annual session of the California Medical Association, to be held at Del Monte, should be carried through, the C.M.A. Executive Committee or Council being in position to change the same should conditions so warrant.

2. Nurses' Unions in California Hospitals:

Informative discussion took place concerning the nursing situation in the San Jose Hospital and in connection with a recent Nurses' Union and a strike of hospital nurses. No action was taken thereon.

23. Adjournment:

Upon motion duly made and seconded, it was voted to adjourn, the Council to meet again on Saturday, February 27, 1943, unless a special meeting is called prior thereto.

PHILIP K. GILMAN, *Chairman.*
GEORGE H. KRESS, *Secretary.*

Abstract of Minutes: California Medical Association Executive Committee*

Minutes of Meeting of the Executive Committee of the California Medical Association, Held in San Francisco and Vallejo, Tuesday, September 8, 1942

A meeting of the C.M.A. Executive Committee was

* Full minutes of the Executive Committee meeting have been mailed to all councilors, and copies are also available for inspection in the central office of the Association.

called to order in the office of the California Medical Association, 450 Sutter Street, San Francisco, on Tuesday, September 8, 1942, at 5:00 p.m.

1. **Roll Call:**

Present were Doctors William R. Molony, Sr., Karl L. Schaupp, and George H. Kress of the Executive Committee. Also Doctor A. E. Larsen of California Physicians' Service, and Mr. John Hunton, Executive Secretary of the California Medical Association.

Later, at Vallejo, Past-President Henry S. Rogers joined the Committee, and a quorum being present at the time, a formal meeting was held in the Casa Del Vallejo. In Vallejo, Councilor John W. Green was also present.

2. **Consideration of Medical Service to Citizens in Housing Projects:**

A general discussion took place concerning problems connected with provision of medical service and hospitalization for the hundreds of citizens in Solano County who are in residence in federal housing project units.

Doctor A. E. Larsen outlined the status of negotiations with Federal Housing Authorities, with special relation to a state-wide plan that would permit the Federal Housing Authorities to negotiate with California Physicians' Service as a State agency that could provide medical service and hospitalization to citizens who are resident in many of the housing projects that have been brought into existence in California in order to better supply products needed by the Armed Forces of the United States.

In the discussion which followed, it was emphasized that, while California Physicians' Service would be the central agency in California, through which certain plans could be put in operation, C.P.S., in entering any project located in California, would make it a rule to always confer with the local county medical society and local medical profession in an effort to work out details of procedure that would be satisfactory to the local profession; and the local county society, and local profession to be permitted to have as much control and authority as possible.

After further discussion, the following motion made by Dr. Schaupp, seconded by Dr. Molony, was put by Executive Committee Chairman Rogers:

Resolved, That the C.M.A. Executive Committee believes that it is to the best interests of present and future medical practice in California, both as regards physicians now in civilian practice and to colleagues in the armed services, that the provision of medical and collateral service, designed for citizens attached to Federal Housing projects, be carried through in harmony with a state-wide plan, as laid down in principles that have been enunciated by the House of Delegates of the California Medical Association; it being stipulated that the state-wide plan shall provide the fullest possible control and coöperation by local county medical societies and members, in carrying through such medical service in satisfactory manner.

The motion was unanimously approved.

It was also agreed that Executive Committee Chairman, Henry S. Rogers, with the permission of President Snoddy of the Solano County Medical Society, should introduce the speakers who would present the entire subject to the members of the Solano County Medical Society; it being agreed that the first talk should be made by C.M.A. President, William R. Molony, Sr., the second by Doctor A. E. Larsen, and the third by President-Elect Karl L. Schaupp, the subject then to be thrown open to general discussion. This was done

(Note. At the meeting of the Solano County Medical Society the above procedure was carried through. Doctor John W. Green of Solano County, making a motion that the Solano County Medical Society accept and give its approval to the above resolution as adopted by the C.M.A. Executive Committee. Doctor Larsen, of California Physicians' Service, informed the members of the Solano County Medical Society that, as the representative of C.P.S., he would make every effort to carry through the plans as submitted in manner to be agreeable to the Solano County Medical Society. After free discussion, President Snoddy of Solano County put the question, no negative votes being cast.)

HENRY S. ROGERS, *Chairman*,
GEORGE H. KRESS, *Secretary*.

Meeting of A.M.A. in San Francisco, in 1943, Cancelled

(COPY)

AMERICAN MEDICAL ASSOCIATON

Olin West, M. D., Secretary and General Manager
535 North Dearborn Street, Chicago

September 22, 1942.

Dr. George H. Kress, Secretary,
California Medical Association,
450 Sutter Street,
San Francisco, California.
Dear Doctor Kress:

(1) *Cancellation of San Francisco Session in 1943*:*

After prolonged and intensive consideration, the Board of Trustees of the American Medical Association has come to the conclusion that the annual session of the Association scheduled to be held in San Francisco in 1943 should be cancelled. An official announcement to that effect will appear in the *Journal* of the Medical Association. This decision of the Board of Trustees was made after securing the best available official information and after thorough consideration of the many factors involved.

(2) *A. M. A. House of Delegates Will Meet in Chicago in 1943:*

An official meeting of the House of Delegates of the American Medical Association will be held in Chicago at a time to be announced.

(3) *Annual Conferences of State Association Secretaries and Editors, in Chicago, Nov. 20-21, 1942:*

The Annual Conference of Secretaries of Constituent State Medical Associations will be held at the Association's offices in Chicago on November 20 and 21, for the purpose of discussing existing problems and problems that may develop as the result of the intensification of the war program. Your kindness will be greatly appreciated if you will suggest topics for the Conference program. It is the desire of the Board of Trustees and of other officers of the American Medical Association that the program pertain to matters of important common interest and it is hoped that the papers and discussions presented before the Conference can be made as helpful as possible to secretaries, editors and other officials of the constituent state medical association. . . .

With all good wishes, I am,
Sincerely yours,

OLIN WEST.

What an exciting super-tomorrow it will be! Americans are today making the greatest scientific developments in our history. That is a promise of new levels of employment, industrial activity and human happiness.—*Clarence Francis.*

These are the times that try men's souls; the Summer Soldier and the Sunshine Patriot will, in this crisis, shrink from the service of his country but he that stands it now deserves the love and thanks of Man and Woman.
—*Thomas Paine.*

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* Subheads inserted by C. and W. M.

CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT†

Medical Journals: For Colleagues in Military Service

In the September issue of C. and W. M., on page 169, appeared editorial comment on a plan to forward medical journals to the Hospital Stations of Army, Navy and Air Force camps now located in California.

This work is being carried on by the California Medical Association—through its Committee on Postgraduate Activities in coöperation with the medical libraries of the University of California, Stanford, and the Los Angeles County Medical Association.

This notice will appear in this department every month.

If you have not read the editorial outline of the plan in the September issue, you are urged to do so.

The addresses of the three libraries follow:

U. C. Medical Library, The Medical Center, 3rd and Parnassus, San Francisco, California.

Lane Medical Library, Clay and Webster Streets, San Francisco, California.

Los Angeles County Medical Library Association, 634 South Westlake, Los Angeles, California.

If more convenient, you can send journals to: C. M. A. Postgraduate Committee, Room 2008, Four Fifty Sutter, San Francisco, California.

Continued coöperation by component county medical societies, and by medical staffs of hospitals (through officers, volunteer or other committees) is requested.

Letter from Harold A. Fletcher, M. D., Chairman of California Procurement and Assignment Service: Re Personal Interviews and Other Work

(COPY)

Office for Emergency Management

OFFICES OF DEFENSE HEALTH AND WELFARE SERVICES

Director: Federal Security Administrator

Washington, D. C.

San Francisco Office, Room 1435, 450 Sutter Street

San Francisco, California, Sept. 22, 1942.

Dear Doctor Kress:

Until about two weeks ago I, as Chairman for the Procurement and Assignment Service for Physicians for California, had endeavored to hold as many personal interviews with physicians as possible. This meant giving a tremendous amount of time to personal interviews. As you know, the Chairman for Procurement and Assignment is not paid by the Government and receives no compensation from any source. The position should be a full time position as the importance of this program demands a tremendous amount of work, both on the part of the Chairman as well as on the part of the County Committees of Procurement and Assignment. I have been very glad to give unsparingly of my time and energy to this work and am continuing to do so. For long intervals it was necessary practically to give up my private practice and to devote from 14 to 16 hours a day solely to the work of Procurement and Assignment.

Until recently we have had very little clerical help furnished by the Government. More recently, since Procurement and Assignment has come under the office of War Manpower, we have received more help in the nature of secretarial and stenographic services. Even now, however, we are very much understaffed but are hoping to obtain further help.

In view of the above conditions, I have been forced to discontinue personal interviews with either local physicians or physicians from other counties. There just has not been the time to hold these personal interviews. The tremendous amount of time and energy which I have had to give to this work has created too great a strain to carry on this practice. I feel that the possible publication of this letter in the JOURNAL may lead to an understanding of my position and the reason for not holding personal interviews on the part of physicians who might naturally feel a personal interview in their case most necessary.

I wish to again express thanks and appreciation of the wonderful coöperation I have had from the office of the California State Medical Association. Without the help which has been so generously given me I could not have carried this work on at all. Mr. John Hunton has been able to take over a great deal of executive work, particularly recently, and is still continuing to hold personal interviews with physicians who I have not had the time to interview myself for the reasons stated above.

With my kindest personal regards, I remain,

Sincerely yours,

(Signed) HAROLD A. FLETCHER, M. D.,
California State Chairman for Physicians, Procurement and Assignment Service.

Northern California Committee of Procurement and Assignment

Office for Emergency Management

OFFICE OF DEFENSE HEALTH AND WELFARE SERVICES

Director FEDERAL SECURITY ADMINISTRATOR
Procurement and Assignment Service
Board: Frank H. Lahey, M. D., *Chairman*
Harvey B. Stone, M. D. Harold S. Diehl, M. D.
James E. Paullin, M. D. C. Willard Camalier, D.D.S.

Washington, D. C.

San Francisco Office, Room 1435, 450 Sutter Street

San Francisco, Calif., Sept. 22, 1942.

To the Editor:—I feel that it might be advisable for you to publish the names of the Northern California Committee of Procurement and Assignment which I appointed some time ago. I have long felt that such a committee was advisable but had originally been told that aside from county committees the various state chairmen were not to appoint a central state committee. Since the appointment of this committee I have recently received directions and authorization to form such a committee. The following is the committee of Procurement and Assignment for *Northern* California:

† Harold A. Fletcher, M. D., 490 Post Street, San Francisco, is the State chairman on Procurement and Assignment Service, with supervision of all counties north to the fourteen southern counties.

Associate California chairman for the fourteen southern counties is Edward M. Pallette, M. D., 1930 Wilshire Boulevard, Los Angeles.

Roster of county chairman on Medical Preparedness appeared in CALIFORNIA AND WESTERN MEDICINE, August, 1940, on page 86.

U. S. Army Medical Corps Recruiting Boards are in charge of Major F. F. South, MC, at room 1331, 450 Sutter St., San Francisco (EXbrook 0450), and Major C. A. Darnell, 1930 Wilshire Boulevard, Los Angeles (FEderal 1953).

For roster of Procurement Service Committees of County Medical Societies, see July issue of CALIFORNIA AND WESTERN MEDICINE, on pages 93-94.

George E. Ebright, M. D., Vice-Chairman, 384 Post Street, San Francisco.

Albert M. Meads, M. D., 251 Moss Avenue, Oakland.

R. Stanley Kneeshaw, M. D., Medical Dental Building, San Jose.

Henry S. Rogers, M. D., Petaluma.

Clinton D. Collins, M. D., 2607 Fresno Street, Fresno.

With my kindest personal regards, I remain,

Sincerely yours,

HAROLD A. FLETCHER, M. D.,
California State Chairman for Physicians, Procurement and Assignment Service.

* * *

Southern California Committee on Procurement and Assignment

Office for Emergency Management

OFFICE OF DEFENSE HEALTH AND WELFARE SERVICES

Procurement and Assignment Service

1930 Wilshire Boulevard

Los Angeles, September 25, 1942.

To the Editor:—My committee for Southern California on Procurement and Assignment Service is as follows:

C. G. Toland, M. D., 1925 Wilshire Boulevard, Los Angeles.

William H. Kiger, M. D., 1925 Wilshire Boulevard, Los Angeles.

William R. Molony, M. D., 1930 Wilshire Boulevard, Los Angeles.

Charles W. Anderson, M. D., Bishop.

John L. Parker, M. D., 120 South 6th Street, Brawley.

William H. Moore, M. D., Haberfelde Building, Bakersfield.

Lionel W. Sorenson, M. D., Corcoran.

H. G. Huffman, M. D., 215 South Main, Santa Ana.

William W. Roblee, M. D., 3616 Main Street, Riverside.

Emmett L. Tisinger, M. D., 575 Fifth Street, San Bernardino.

Bryant Simpson, M. D., Medico-Dental Building, San Diego.

Ira B. Bartle, M. D., 722 Marsh Street, San Luis Obispo.

Hugh F. Freidell, M. D., 1515 State Street, Santa Barbara.

A. W. Preston, M. D., 222 West Willow, Visalia.

Grundy C. Coffey, M. D., 23 South California Street, Ventura.

Cordially yours,

(Signed) EDWARD M. PALLETTE, M. D.,
Vice-Chairman, State of California, Procurement and Assignment Service.

On: Commissions to Physicians

Office for Emergency Management

WAR MANPOWER COMMISSION

Procurement and Assignment Service for Physicians, Dentists, and Veterinarians

Washington, D. C., September 9, 1942.

Dr. Harold A. Fletcher,
Rm. 1435, 450 Sutter St.,
San Francisco, Calif.

Dear Dr. Fletcher:

It is important that all Corps and State Chairmen acquaint themselves with the new regulations concerning the granting of commissions to physicians, as detailed in this release from the Surgeon General's Office.

It is suggested to State Chairmen that if this information has not been published in your State Journal you submit it to the editor for publication in the next issue.

Sincerely yours,

(Signed) FRANK H. LAHEY, M. D., *Chairman.*

* * *

(COPY)

WAR DEPARTMENT

Services of Supply

Office of The Surgeon General

Washington

August 22, 1942.

The Surgeon General of the Army published detailed information concerning policies governing the initial appointment of physicians as medical officers on April 23, 1942. Necessary changes are given wide publicity, at his request, in order that the individual applicants, and all concerned in the procurement of medical officers, may know the status of such appointments.

The current military program provides for a definite number of position vacancies in the different grades. The number of such positions must necessarily determine the promotion of officers already on duty and, in addition, the appointment of new officers from civilian life. Such appointments are limited to qualified physicians required to fill the position vacancies for which no equally well qualified medical officers are available. Such positions calling for an increase in grade should be filled by promotion of those already in the service, insofar as possible, and not by new appointments.

If this policy is not followed, it would definitely penalize a large number of well qualified Lieutenants and Captains already on duty by blocking their promotions which have been earned by hard work. In view of these facts, it has been deemed necessary to raise the standards of training and experience for appointment in grades above that of First Lieutenant.

With this in view, the Surgeon General has announced the following policy which will govern action to be taken on all applications after September 15, 1942:

All appointments will be recommended in the grade of First Lieutenant with the following exceptions:

Captain:

1. Eligible applicants between the ages of 37 and 45 will be considered for appointment in the grade of Captain by reason of their age and general unclassified medical training and experience.

2. Below the age of 37 and *above* the age of 32, *consideration* for appointment in the grade of Captain will be given to applicants who meet all of the following minimum requirements:

a. Graduation from an approved medical school.

b. Internship of not less than one year, preferably of the rotating type.

c. Special training consisting of 3 years' residency in a recognized specialty.

d. An additional period of not less than 2 years of study and/or practice limited to the specialty.

3. Eligible applicants who previously held commissions in the grade of Captain in the Medical Corps (Regular Army, National Guard of the United States, or Officers Reserve Corps) *may be considered* for appointment in that grade provided they have not passed the age of 45 years.

Major:

1. Eligible applicants between the ages of 37 and 55 *may be considered* for appointment under the following conditions:

a. Graduation from an approved school.

b. Internship of not less than one year, preferably of the rotating type.

c. Special training consisting of 3 years' residency in a recognized specialty.

d. An additional period of not less than 7 years of study and/or practice limited to the specialty.

e. The existence of appropriate position vacancies.

f. Additional training of a special nature of value to the military service, in lieu of the above.

2. Applicants previously commissioned as Majors in the Medical Corps (Regular Army, National Guard of the United States, or Officers Reserve Corps) whose training and experience qualify them for appropriate assignments may be *considered* for appointment in the grade of Major provided they have not passed the age of 55.

Lieutenant Colonel and Colonel:

In view of the small number of assignment vacancies for individuals of such grade, and the large number of Reserve Officers of these grades who are being called to duty, such appointments will be limited. Wherever possible, promotion of qualified officers on duty will be utilized to fill the position vacancies.

Much misunderstanding has arisen concerning recognition by Specialty Boards and membership in specialty groups. It will be noted that mention is not made of these in the preceding paragraphs. This is due to the variation in requirements of the different Boards and organizations. Membership and recognition are definite factors in determining the professional background of the individual, but are *not* the deciding factors, as so many physicians have been led to believe.

The action of the Grading Board, established by the Surgeon General in his office, is final in tendering initial appointments. Proper consideration must be given such factors as age, position vacancies, the functions of command, and original assignments. All questionable initial grades are decided by this Board. Due to the lack of time, no reconsideration can be given.

There are in the age group 24-45 more than a sufficient number of eligible, qualified physicians to meet the Medical Department requirements. It is upon this age group that the Congress has imposed a definite obligation of military service through the medium of the Selective Service Act. The physicians in this group are ones needed *now* for active duty. The requirements are immediate and imperative. Applicants beyond 45 years may be considered for appointment only if they possess special qualifications for assignment to positions appropriate to the grade of *Major* or above.

Selective Service Examinations and Coöperation of Component County Medical Societies

(COPY)

State of California
DIRECTOR OF SELECTIVE SERVICE
Plaza Building, Sacramento

September 7, 1942.

Dear Doctor Kress:

Just as every community is feeling a loss of Doctors into the Service, so the Selective Service finds itself in difficulty in some few spots in California—due to the fact that available medical personnel is becoming scarce.

It is most simple to understand that in those areas where men are not being satisfactorily processed in numbers, there is no delivery of the necessary manpower to fill our forces, for—the delivery of registrants to Induction Stations depends upon the smooth working of a team. This team consists of a Local Board, clerks of that Board, and the Examining Physicians of the Board. If any one of the three components of the team falls down, all fall. We experienced some failure in August, and I am pleased to tell you that the medical failure accounted for but a very small percentage of our loss. In other words, the close to 3000 medical men who are examining for us in California are accomplishing a "swell job"—even though some are doing it "the hard way."

It is this last fact that causes me to write. Although the "hard way" or "piecemeal" method of examining has accomplished our end (except for some few exceptions), our over-all survey discloses most surely that it will not hold up as our demands grow heavier. Unlimited numbers, however, may be processed in the simplest of manners, and without real effort, when a method of "line production" is established in any locality. A group, properly organized around even but two Doctors—yes, even one—may handle hundreds of registrants in but one or two hours per week.

To advise all of our Examiners of the urgency of such 'grouping' the attached letter was sent to them last week. We feel that this problem of making certain that the medical portion of the team (upon which the production of an army depends) properly functions is so important that we should like this message re-run in CALIFORNIA AND WESTERN MEDICINE. We know that we can depend upon you to publish that letter in the next issue of the JOURNAL, and thus make certain of reaching not only our present Examiners, but also all of your members whom we must consider as potential Selective Service Examiners.

A minute to study this last statement:—With the recent completion of organization for this work by one of the large component societies, we can state that most points in the State are now in good shape to "back the line." This organized effort must be complete. Therefore—now—through you and the officers of the Society, we are asking that every member of the C.M.A. who does not enter the service, be listed in a County Society pool; that such Doctors be made available for the work whenever they might be called upon to serve. The method of handling this problem in the Societies where the results have been excellent, has been as follows:—The Secretary or the Chairman of a Committee especially designated for this purpose, maintains a list of available Doctors (all of them, in several Societies) and that roster includes information which discloses upon which days or nights the particular Doctor is available. When any group loses a Doctor to the service, either the Selective Service Coördinator of the District or the Local Board or group of Boards concerned, calls upon the Secretary of the Local Society to supply an Examiner from the roster, so that the necessary numerical strength of the examining group is maintained.

We can make a most certain statement—if the Doctors will so organize for this work and will follow our suggestions in the accompanying letter, no one Doctor should be called upon for more than about two hours' work per week in this primary medical need. We say "primary" because, as "night" follows "day," so "no army" follows "no examining"—and—"no future 'American' Doctor" follows "no army."

It might seem to you as though our constant close association with the Selective Service medical problem has made us look upon this specific picture in a manner which is out of proportion to the entire medical picture. But you recognize that the discussion of this problem as above, when we called the problem a primary one, is most correct. This becomes more so when you consider that the numbers to be delivered by Selective Service grow increasingly greater and greater and when you are advised that shortly we deliver not only to the army, but to all of the services.

May I again express my sincere thanks to you and to the organized profession for your continued and constant coöperation.

Very truly yours,
(Signed) BERT S. THOMAS,
Lt. Colonel, M.C., U.S.A.,
Chief, Medical Division.

* * *

(COPY)

STATE HEADQUARTERS SELECTIVE SERVICE
STATE OF CALIFORNIA
Plaza Building, Sacramento

September 1, 1942.

To Doctors:

"Line Production"—Not Piecework—Is the Present Selective Service Medical Need

During the two years of our medical association in the medical examining of the Selective Service—a splendid "job" has been accomplished by you in California. Thank you most sincerely.

We chat for a few minutes, now—on the work to come. We will constantly have Doctors leaving for the service. We shall be constantly called upon to deliver more and more to you for Selective Service examinations. This means that, in those localities where Doctors have not followed our constant admonition to organize in

groups for this examining, those Doctors and Local Boards will be unduly burdened and will not be able to meet the needs of the services.

Wherever Doctors have been organized for group examining, the work is proceeding splendidly. We can report to you that, in all large centers, such organization has been accomplished and no matter how many Doctors are drawn from the community, the Selective Service load will be carried.

We worry a bit about some smaller centers where Doctors still insist upon taking the 20 or 30 per week and examine this number in their own offices. When we invite your attention to the fact that a few doctors (3, 4 or 5), together with clerical help, and, possibly, a nurse or two to aid them, spending a few hours one day or night per week *can process* 300 to 400 in that time—*we give you the entire solution to the problem.* The present "screening" examination (plus the taking of blood) is such that the number just stated *can* be processed in the time stated.

We ask that any Doctors who are still handling 20 or 30 registrants per week in their own offices contact their Local Board, and we are asking the Local Board to contact you—so that *group examining* and only Group Examining will be the plan of action in California (except for a few stragglers who might have to be sent to offices upon rare occasions, and except for other necessary action in isolated localities). Please make these Local Board contacts immediately—for, the load will grow larger and the number of Doctors available will become less.

Thank you kindly for your splendid work and may it continue to be pleasant, nonburdensome, and productive of an armed force second to none on earth. We repeat —our objective may be met by proper organization and "grouping" as outlined above.

(Signed) K. H. LEITCH,
State Director of Selective Service.

Lieut. Col. Sam F. Seeley Detached from Procurement and Assignment Service

Under Medicine and the War in this issue of *The Journal*, appears an announcement of the detachment of Lieut. Col. Sam F. Seeley from the position of executive officer of the Procurement and Assignment Service and his transfer to active duty with the Army Medical Department. Since its establishment in October, 1941, Lieut. Col. Sam F. Seeley has held the position as executive officer of this agency, a position which demanded pioneer work, since a similar agency had not previously existed in our governmental system. In this position he made many friends by his invariable cordiality and geniality. He traveled throughout the country speaking to innumerable organizations of physicians, dentists and veterinarians and earned for this agency their respect and coöperation. All who were associated with Lieutenant Colonel Seeley in this work wish him the utmost success in the new assignment to which he has been called.—*Jour. A.M.A.*, Sept. 19, 1942.

War and the Doctor: As Canadian Physicians See It

Canada's Armed Forces will need over 800 more medical officers before next March. This need will be met in several ways. In the first place the draft is now bringing in the unmarried doctors 40 years of age and under. Secondly many doctors have signed up directly with the District Medical Officers or by means of the Canadian Medical Association survey last spring. Although many of the latter group are above military age, the Canadian Medical Procurement and Assignment Board is now calling to service a fair number of these volunteers. The third main group, the one from which the bulk of enlistments are expected, is that consisting of medical men 40 years and under who practice in the urban areas. The country doctors in Ontario have enlisted very much out of proportion to their numbers and there are few rural areas which can now spare any more. This is the reason for the present urgent appeal to the younger doctors who practice in cities and towns. They are needed, and needed immediately.

The problem of providing adequate medical care for the civilian population is also becoming greater. The problem must take second place to that of supplying the fighting forces but it is nevertheless very important. All our ability in organizing the available facilities will be called upon before this war is finished and the sooner the machinery can be perfected the better. The following is an outline of the work done to date together with suggestions for future procedure:

A year ago each county society secretary was written to by central office asking for a report on the distribution of doctors in the county and an opinion as to whether or not this distribution was adequate in relation to population. At central office a wall map measuring about 10 x 20 feet was erected and the location of each qualified practitioner is marked by a colored pin. County maps showing areas served have also been assembled. These maps are constantly kept up-to-date and while they show the distribution of doctors accurately it is difficult centrally to keep track of doctors who are inactive because of age or illness.

Each county society secretary should keep a current record of the county population, the number of active practitioners, and their locations in the county. The county society executive should consider it a duty to meet once monthly for the duration for the purpose of studying the problems of providing adequate care for the people in their area. Some or all of the following methods may be necessary:

1. Instruction of the public.
2. Employment of medical aids.
3. Zoning for emergency calls.
4. Zoning for house calls.
5. Rationing of service.
6. Transfer and subsidizing of doctors.

1. *Regarding instruction of the public* it was thought worth while to try the effect of press releases from central office. Gasoline rationing, the shortage of tires and the decrease in practicing physicians were stressed and the public was requested to consider the doctor's need for rest, and freedom from interruption at meals. A plea was made for the placing of house calls during the morning rather than later in the day. The larger city papers accepted this publicity but the smaller newspapers throughout the province did not respond satisfactorily. The coöperation of the public is most essential and this work could be done more effectively if the county society secretaries would send a few paragraphs at periodic intervals to each newspaper in the county. Stress might well be placed on the value of individual attention to diet and hygiene.

2. *Already the hospitals are planning to train nurses* to do some of the work of interns. Out in practice the same general idea can be applied when the doctor's time is at a premium. A well trained nurse can handle a lot of dressings in both office and home. Many can learn to give anaesthetics for maternity cases and a few can be taught to give intravenous solutions. Cancer patients, diabetics, cases requiring catherization, etc., will receive less personal attention from the doctor and more care from capable members of the household as the war goes on. There are many ways by which the

doctor can efficiently manage his time so as to be available for the acutely ill and yet not neglect the others.

3. *Zoning for emergency calls* should be instituted throughout the province now. There is no reason why a doctor should go 15 miles and use up good tires and gasoline if a lady who faints lives only a mile from another doctor. The county society executives can tentatively map out the zones and have them discussed at a general meeting. When the zones are made definite a copy should be given to each doctor, to the telephone offices, the fire halls, and the police stations.

4. *Zoning for ordinary day visits* will be a later development. When doctors become fewer it will be impossible to give the patient a free choice of physician. In many areas the patient will be lucky to get any physician at all. He certainly won't be in a position to select Doctor X because he belongs to the same bridge club. Nor will Doctor A be going ten miles past Doctor B's office to see a patient while Doctor B goes ten miles past his office to see another patient. The same zones already in use for emergencies can be applied here. Each doctor will know his own and the other areas and will be able to tell the patient which doctor to call. This system would save a tremendous amount of driving especially in the rural areas.

5. *By the rationing of medical services* is meant the limitation or exclusion of luxury care. Neuroses are less common in war time for the simple reason that more people are working. They have less time to think about themselves and their various organs. There will still be some who demand unnecessary attention and even neurotics should not be neglected. But the question should not be "Does he want me?" but "Does he need me?" Luxury medical care is out for the duration.

6. *The final method for ensuring adequate medical care* is the transfer of doctors from urban to rural areas. A certain amount of this may occur through retired practitioners volunteering to help out during the emergency. Another possibility is the increased utilization of the Red Cross Community Doctor Plan. Under this arrangement there is activity by the Red Cross branch in organizing the citizens to subscribe funds. A salary of $4,000 is guaranteed by the Red Cross and a doctor unfit for military service is given a contract for the duration. A further possibility is that governmental authority will be granted to the Canadian Medical P. and A. Board to make transfers and allow subsidies in poorer communities. In other words as long as this war lasts there must be a continued and efficient adjustment to circumstances with every person serving to the best of his ability in the place where he will give his greatest contribution.—Ontario Medical Association *Bulletin,* August, 1942.

On Procurement and Assignment: As Seen By Texas State Journal of Medicine

. . . As has been many times stated by Procurement and Assignment, its responsibility is to see that the armed forces of our country are supplied with doctors 100 per cent, and without any more serious dislocation of civil practice than is necessary. This service must be rendered on strictly an advisory basis. In short, it is up to Procurement and Assignment, through its local, state, and corps area committees, to survey each community in the country, determine the minimum number of physicians necessary to protect the people of any given community, declare that many physicians not available for military service, and conversely, the balance of them as available. This procedure must of necessity be initiated by the county committee. It is a difficult task, and the committee is not to be envied its job. However, it is a necessary task, and the service must be rendered by somebody. Certainly the state chairman cannot sit at his desk and make the survey and the determination. In order to insure equity in the treatment of the communities throughout the country, both the people and the doctors, it was very wisely determined in the beginning that the medical profession should itself handle the situation and make the decisions. The committees of Procurement and Assignment throughout have been appointed by the federal government, but they are, throughout, at least in Texas, committees selected by county medical societies and the State Medical Association. There can be no better method of insuring the acquiescence and coöperation of the medical profession in this most important governmental function.

The State Committee on Procurement and Assignment has been advised from Washington that both the Army and the Navy are in dire need of physicians from the younger age brackets. The reason for this need is the very rapid organization of a very large Army, larger and more rapidly organized than has heretofore been thought possible. The younger men are needed for field service, a service which cannot be rendered by physicians from the upper age brackets, taking them by and large. We do not recall that any of our armed forces have refused to accept a well qualified physician who is beginning to get gray and to wonder what he has done with his money, but the immediate and emergency need is the doctor full of vim, vinegar and vigor, who is able to take the field and stay there whatever betide. . . .

We are not winning this war. We are not going to win this war if we do not get busy, not just a few of us, but all of us, including the medical profession. There won't be any practice of medicine in the sense that we know it if we lose this war. There probably isn't going to be much left of what we now know of it if we win, but certainly we cannot contemplate losing it. We cannot win it without troops, and still more troops, and we cannot put troops in the field without doctors, and still more doctors. Our responsibility is great. It is up to us to ration our services, turning over to the armed forces what they must have, and giving the people what is left. We must not, until we are told to do so, leave the public without at least a minimum of medical service. No one knows what that is or should be. Procurement and Assignment is doing its best to decide, and the medical profession, particularly organized medicine, should sympathize with and support Procurement and Assignment committees in their efforts to render a difficult and frequently embarrassing service.

Gasoline Rationing

Some comments from *Medical News* of the Providence Medical Association (Vol. III, No. 8):

Gasoline—and how we shall use it—seems to be the subject prominent in the minds of most of the profession just at present. . . .

We as physicians must help out in the program. The people of this country have become so accustomed to having whatever they want that they hate to make any sacrifice whatsoever. They leave this to the boys who have shouldered their guns and gone forth to battle. We too must sacrifice and under no circumstances use our position as doctors as a ruse to acquire more than our just share of those things which others are forced to give up. . . .

A survey a year ago by the Automobile Manufacturers Association—before rationing was dreamed of—gave some indication of the need of the auto by the busy doctor. Nine out of ten doctors used them in their work; the average mileage per year was 12,932. Of the

trips taken by the doctor, 89 per cent were "necessity trips." The average mileage was topped only by that of the salesman who uses his car for traveling. Such statistics provide ample proof of the fact that a car is essential to the doctor's practice. The old horse and buggy days are gone. Those were the days of a community practice, when a doctor was called in consultation at some distance, he used the train. We may likewise be soon following such a routine. When tires are worn out, we may return to many not unpleasant habits of our forefathers.

Special privileges carry corresponding obligations. Let us set a good example in coöperation that we may avoid public criticism. Our profession is respected and we must not allow ourselves to lose this respect. Let us show the country that we too are out for victory and are willing to do our bit to hasten this end.

Professional Mileage Record

With this issue of *Medical News* each doctor is being sent a card on which to record his automobile mileage for his professional work in the next three months. This information will be of great value to the individual doctor as evidence of his need for supplemental gasoline rations in future months, especially in view of the fact that the information will be required on the affidavit submitted to the war price and rationing board when seeking replacement. The information will also be of help in listing professional automobile travel for income tax returns.

By recording the start and finish readings of the total mileage gauge each week a doctor will be able to accumulate a total report of his automobile travel. Inasmuch as necessitous home driving has already been determined at 90 miles a month by the Office of Price Administration, the doctor may easily compute his professional driving from his record card as a basis for supplemental ration.

Attention is directed to the fact that the "A" book of basic ration is good for one year. The "B" and "C" ration books for limited occupational and for preferred mileage are dated to expire three months from date of issue.

Rationing is figured on a mileage basis and the mileage per gallon is estimated at 15. However, provision has been made on our record card for the listing of the gas consumption so that the doctor may estimate the approximate mileage of his automobile per gallon of gasoline.

(COPY)

(Compliments of the Providence Medical Association)

AUTOMOBILE MILEAGE

(Professional mileage record for gas rationing)

Note: In as much as the initial application under the permanent gasoline rationing plan required an estimate of average mileage per month for the next three months for driving in performance of occupational duties, we suggest that doctors chart their weekly mileage on this card. Supplemental rations in the future will undoubtedly be based on proof of driving in previous period.

Name.....*M. D.*

Home address.....

.....

Gasoline ration book numbers.....

.....

(For recordings the use of the total mileage gauge is suggested)

Month *Week of*	*Start*	*Finish*	*Weekly Total*	*Gas Used*

Note: Card measures 3½ by 6 inches.

Doctor—You Have a Job to Do!

Between now and January 1, the armed forces of the United States will need upward of 20,000 members of the medical profession.

That could mean you. Very likely it does mean you.

There is that matter of your responsibility to your private practice. Perhaps that has stayed you in delaying to give the armed forces of the United States the benefit of your skill and your experience. Perhaps your patients do feel that they need you, and are not selfish in that sentiment.

However, there is a broader aspect of this situation in these times in which we live.

The very same patients who feel that your leaving them now for the greater field of medical effort might well be the first to wonder about the treatment their sons, their brothers, their fathers are getting, far removed from the security of home and fireside.

The United States Government has guaranteed those men who have gone so gallantly into all the branches of the Service the highest quality of medical attention possible. That guarantee can be kept only by your presence when this medical roll call that is sounding now has been answered in its entirety.

You see now, don't you, why you will be among the 20,000 as soon after this meets your eye, as the settlement of your private affairs will permit?

Actually there are no private affairs in this war. It's public. We didn't make it so. But that's the way it is. —Chicago Medical Society *Bulletin.*

Physicians on the Go as Army Calls for Assistance

Two-thirds of all the physicians under 45 must join the armed forces. Already gaps yawn in our civilian medical defense, partly because many doctors have become officers, partly because little towns have skyrocketed in population. Bremerton, Washington, which once had 30,000 inhabitants, will soon have 40,000, to which another 30,000 in the surrounding area must be added for medical purposes. Nine of the town's 28 physicians have been called to active duty. And so it is with Waynesville, Missouri; Vallejo, California; Wichita, Kansas; Valparaiso, Florida, and scores of other communities.

The few physicians left work around the clock heroically, but hopelessly, see 40 to 50 patients a day, postpone home visits, drive themselves to the verge of collapse, admitting that the quality of service rendered is poor and that it is getting worse.

Paul V. McNutt touched on this crisis before the American Medical Association, and, though he did not say so, left no doubt that we must reform the system of medical practice if we are to make the most of our industrial manpower. Even in normal times some 350,000,000 man-days are lost annually through sickness and

accidents. And now there is an annual increase of 10 per cent.

Mr. McNutt threatened action by the government. It would be far better if industry were permitted and charged to act. Industry can usually afford to pay good salaries to doctors and set up its own hospitals and clinics. If a company is too small to engage in large-scale medical care, it can encourage its employes to participate in prepayment plans based on group-practice —something already done in California and Michigan. When enough physicians are available, local panels can be set up, with fees paid from a prepayment fund—the policy followed by organizations near Binghamton, New York. Where physicians have joined the colors others can be imported to work in a local clinic or hospital, as the Tennessee Coal and Iron Company has demonstrated. Or we may follow England's example and insist that all firms with more than 250 employes establish health services within their own plants and insure for the sick on prepayment basis.

Whatever plan we adopt, the time has come to create a national pool of doctors on which we can draw for both the armed forces and the civilian population—a pool from which physicians would be allocated, with financial guarantees. The cost of such a plan should not be inordinate.

There is evidence enough that workers prefer to pay within their means rather than to accept charity. We simply cannot afford to throw the whole burden of medical care on a few local doctors and imagine that we can win this medical war on the "business as usual" principle.—Woodland *Democrat,* August 5.

Army Reflects Medical Progress

Twenty-five years is a brief period of time as history goes—but in that time the American people have shown a remarkable growth in their physical stature. The Army is authority for that statement. The average height and weight of the men in our present Army is substantially greater than the average in our World War I forces.

That has been the result of a number of factors, one of the most important of which has been advances made in American medical and health practices. In the years between 1917 and 1942, the medical progress made in this country was literally extraordinary. New and successful cures were found for serious diseases. Advanced methods of caring for mothers and children were developed. Great strides were taken in the science of nutrition. A definite betterment in the physical well-being of the people was the consequence.

It is generally believed that the American Army is physically unsurpassed—as the magnificent performance of our individual soldiers in combat proves. The Army is simply a cross-section of the American people. And the American people enjoy the highest standards of medical care which human knowledge and a free medical profession make possible.—Stockton *Record,* August 3.

Called to Colors

Physicians and surgeons are leaving home for the armed services in increasing numbers, in response to a heavy recruiting program among medical men under the age of 45.

In some localities, doctors available for "normal" civilian service are already few and far between. Imperial County, with a population of 60 000, will have but 10 doctors—one to 6 000 population—when those scheduled to leave join those already in service, whereas in war time, according to an article in the current Journal of the American Medical Association, the civilian population should have one doctor for each unit of 1,500 civilians. Yet even where this ratio cannot be maintained, practical Army and civilian medical authorities say bluntly, persons really in need of medical or surgical attention may be cared for adequately if the public will exercise common sense.

The basic rule given may be boiled down to a sentence: doctors are for sick people. Aunt Daphne, who habitually calls in the family physician for several hours a month to discuss her "symptoms," will just have to forego enjoying poor health for the duration. Ladies who trot to doctors' offices to whimper about their "nerves" usually aren't sick; they are, nine times in ten, suffering from nothing that a hard day's work in some useful war activity wouldn't cure. And men who take up doctors' time over complaints purely or largely imaginary are by no means rare either, medical experts indicate.

From now on, every good doctor will have his hands full caring for those who have genuine need of him—on the battle front and on the home front.—Willows Journal.—Oroville *Mercury-Register,* July 25.

The Doctor in Wartime

A short time ago, an American Medical Association official observed that doctor calls might have to be "rationed" for the duration. The reason behind this is the immense number of doctors being called for service in the military forces. According to army heads, thousands more will be needed in the future.

American medicine is rising to this emergency with its typical spirit. Retired doctors are coming back into harness, and taking over the practices of younger men who have joined the Army and Navy. Other doctors are working harder, and serving an increased number of patients. And during this difficult period the patient himself can help keep medical practices at the high standards to which we are accustomed.

Don't waste your doctor's time. Don't ask him to make a house call when you are perfectly capable of going to his office. Don't make his visits a social occasion, and expect him to sit around and visit for an hour after he gets through treating you. If, through your thoughtlessness, the doctor is forced to dissipate time, someone who urgently needs his attention may have to go without.

American medicine can serve both the armed forces and the civilian population with efficiency if patients will coöperate.—San Francisco *Organized Labor,* August 8.

MEDICAL EPONYM

Purkinje Fibers

These fibers were described by Professor Johann Evangelista von Purkinje (1787-1869), of Prague, in an article "Mikroskopisch-neurologische Beobachtungen [Microscopic-neurologic Observations]," published in the *Archiv für Anatomie, Physiologie und Wissenschaftliche Medicin* (681:281-295, 1845). A portion of the translation follows:

"On the inner walls of the ventricles of the sheep's heart, I observed, first with the naked eye, a network of gray, flat, gelatinous threads immediately beneath the serous membrane. . . . On microscopic examination, I found these threads to be entirely made up of granules. . . . Inside each granule, there were one or two nuclei without any spherical envelope such as is seen in true ganglion cells. The fibers were formed of cross rows of five or ten of these granules, arranged serially in bundles."—R. W. B., in *New England Journal of Medicine.*

COMMITTEE ON PUBLIC POLICY AND LEGISLATION†

California's Proposed Basic Science Law

November third is only two weeks away. What will the voters of California have to say on that date about your Basic Science Act, Proposition No. 3?

The answer to that question lies with you. If you will tell the voters what the Basic Science Act is, what it means to the public, why it is necessary for the protection of public health, the act will pass. Conversely, if the voter is uninformed, he will automatically say "no."

The medical profession and its allied organizations are faced with an educational task if Proposition No. 3 is to pass. It is your obligation to see that the voters are informed. It is your duty to scotch the dogmatic arguments which have been advanced in opposition to this act.

Here is something to bear in mind: Of all the organizations in the State which have studied Proposition No. 3, not one has recommended a "no" vote on it. True, some organizations have looked it over and have decided that it is not within the scope of their normal activities or study problems; some of these have passed it by with no recommendation. But not one has come out with a recommendation for a negative vote.

Those organizations which have actually studied the bill as a part of their agenda have unanimously recommended and endorsed it. The Civic League of Improvement Clubs and Associations in San Francisco, the most widespread and influential governmental study group in that city, has recommended a "yes" vote. The same applies to other groups too numerous to mention.

Time is short. Voters are in the dark. It is up to each of you, and your friends and associates, to make sure that the voters know the truth about Proposition No. 3. There is a definite answer to every one of the arguments advanced by cultists; if you know the answers, you can settle any incipient doubts in the minds of people you contact.

If you haven't already learned the complete story to pass on to your friends, the voters, write for more details. Literature is yours for the asking. If you want more than you have already received, ask for it. Your patients and friends will need it to be properly informed before November 3. It is your job to see that they get it.

Let's make these last two weeks count.

Basic Science Initiative: Proposition No. 3

What They're About: Propositions on Ballot. Today: State Proposition No. 3.

The *Call-Bulletin* herewith presents the third in a series of daily articles dealing with the state and local propositions on the November 3 ballot. The discussions are factual and unbiased, and equal emphasis is given arguments pro and con.

Proposition No. 3

This proposition would require that practitioners of the medical, dental, osteopathic or chiropractic professions pass an examination in basic sciences before applying to their respective boards for license to practice.

A special board of examiners would be set up to administer the basic examinations and to issue certificates to those qualifying. Sciences required would be anatomy, physiology, biochemistry, bacteriology and pathology.

Present licenses in the professions involved, and those who treat sickness by prayer in the practice of any recognized religion are specifically exempted from the provisions of the act.

Proponents of the measure point out that its purpose is to insure that those practicing the healing-art have at least an elementary knowledge of the fundamental sciences relating to the human body.

They point out that sixteen states and the District of Columbia now have basic science acts, and that California is the only Pacific Coast state lacking such a law.

Opponents declare that the act would create an unnecessary new board whose functions would overlap and duplicate those of the present medical, dental, osteopathic and chiropathic examining boards. The latter, opponents argue, now require applicants to pass examinations in the basic subjects pertaining to their respective professions. They accredit the proposition to a "minority group who desire to exercise bureaucratic control over existing boards."—San Francisco *Call-Bulletin,* September 30.

Alien Physicians

Shall They Be Licensed: Standards Must Be Maintained

Refugee physicians were and are a sore spot in medical practice. Two years ago we had too many physicians in practice and the addition of refugee physicians to an already overpopulated medical practice gave considerable alarm. This applied as well to American-born physicians who had received their training abroad and who wished to return to their own country to practice their profession.

Properly qualified physicians are always welcome, and by properly qualified are meant medically, sociologically and personally. The big sticking point was the certification of medical qualifications. Many of the refugees were unable to obtain the proper certificates, others had certificates from medical schools and hospitals which had no established standards in this country and conditions in Europe precluded the possibility of establishing such standards. Standardization of American schools was won after a long and unpleasant battle, and Boards of Medical Examiners have finally become quite uniform in their requirements for graduates of American schools.

When this new and unpredictable problem presented itself, many of our Boards made, as requirement for a license to practice, an additional year in an approved American medical school or hospital. The few hardships were far outweighed by the safety from flooding the profession with undesirables.

Well and good, but now the picture has changed. It is considered that for civilian needs there shall be only one physician for every 1500 population. We have already felt what this means and we all know what is in store for those who remain in civilian practice as far as hours of work and increased responsibility are concerned. Will we, then, let down the bars which were so carefully and thoughtfully built up? Undesirables as well as desirables will be granted licenses to practice medicine and we will be giving up a principle which we have promised to protect with our utmost zeal, that no one will be admitted to the practice of medicine who cannot furnish satisfactory proof of having the high qualifications which feature medical practice in the United States.

From this stand we must not retreat. Those refugee and alien physicians who are capable and willing to meet our requirements should have done so by the indicated procedure for the respective states. These we are glad

† Component County Societies and California Medical Association members should not give endorsements to proposed legislation unless the California Medical Association Committee on Public Policy and Legislation has so requested. On such matters, address: California Medical Association Committee on Legislation, Dwight Murray, M. D., Chairman, 450 Sutter, San Francisco. Telephone, DOuglas 0062.

For address of California Public Health League, see adv. page 6.

to welcome, but those who are still hoping to obtain their licenses without fulfilling the requirements are no more welcome in these times of stress than they were two years ago. The civilian population must be protected as well as served and it is our continuing duty to see that whoever is to give civilians medical care must be properly qualified to render that care.—*Northwest Medicine,* August, 1942.

SOME PROPOSED FEDERAL LEGISLATION

The Revenue Act of 1942—Taxation of Accounts Receivable—Income of Charitable Hospitals—Deductions of Medical Expenses.—The House of Representatives has completed action on H. R. 7378, the Revenue Act of 1942, and the Senate Committee on Finance is now holding hearings on the bill.

As passed by the House, the bill increases the normal income tax rate on individuals from 4 per cent to 6 per cent and the surtax will start at 13 per cent instead of 6 per cent for the first $2,000 surtax net income, with a constant increase in the rate for incomes in the higher brackets. The personal exemption for a single person will be $500, for a married person, $1,200. Deductions for dependents will remain as in the existing law at $400. A new provision authorizes an *additional* deduction for persons in service by exempting from taxation so much of the amount received during the year by an individual in the military or naval forces as salary or compensation in any form from the United States for active service in such forces, as does not exceed $250 in the case of a single person and $300 in the case of a married person. The bill proposes no change in the earned income credit.

An important change is proposed in connection with the taxation of accounts receivable on the books of a taxpayer at the time of death. Heretofore such accounts have been includible as income for the year of death, even though the taxpayer may have theretofore been on a cash receipts and disbursements basis. The inequity of this situation as it affected particularly the estates of physicians was pointed out in the J.A.M.A. for January 10, 1942, page 149. By so including the uncollected accounts for tax purposes, along with the income actually received, the taxable income for the year of death is artificially built up, subjecting it to higher tax rates, and in many instances imposing a considerable hardship on the estate of the taxpayer to raise the necessary funds to pay the tax. Under the Revenue Act of 1942, such outstanding accounts will not be includible as income for the year of death of the taxpayer but will be subject to tax as collected, the tax being paid by the person who actually receives the sums collected. Provision is made whereby the estate of taxpayers that have in past years suffered by reason of the unjust operation of the present law may obtain refunds.

The Treasury Department recommended to the House Committee on Ways and Means, at the time the tax bill was being considered, that income derived by corporations now exempt from taxation, such as hospitals operated not for profit, should be subject to income taxes if the income was derived from the operation of a business venture not necessarily incident to their exempt activities. The House Committee on Ways and Means, however, decided to defer action on this proposal and the pending bill makes no changes with respect to the taxation of the income of exempt corporations.

The Treasury Department, too, recommended that taxpayers be authorized to deduct "extraordinary medical expenses that are in excess of a specified percentage of the family's net income." Ref. FLB—15, p. 4. The pending bill contains no such authorization. . . .

Medical Care for Recipients of Public Assistance under Social Security Act.—H. R. 7411, introduced by Representative Coffee of Washington, July 20, and pending in the House Committee on Ways and Means. A bill to amend the Social Security Act to enable States to provide medical care for recipients of public assistance.

Comment.—This bill provides for federal grants to assist States in providing medical care for the aged, the blind, and dependent children who are recipients of public assistance under the Social Security Act. At the option of the State, needy members of the household of such recipients may also be furnished medical care. For the first fiscal year of its operation, the sum of $18,000,000 is proposed and for each fiscal year thereafter a sum sufficient to carry out the purposes of the bill. This money will be used in making allotments to the several States which have developed plans that have been approved by the Social Security Board.

A state plan for medical care must provide:

(1) That it will be in effect in all political subdivisions of the State, and if administered by them, be mandatory upon them;

(2) For financial participation by the State;

(3) Either for the establishment or designation of a single state agency to administer the plan, or provide for the establishment or designation of a single state agency to supervise the administration of the plan;

(4) For granting to any individual, whose claim for medical care is denied, an opportunity for a fair hearing before the state agency;

(5) For such methods of administration (including methods relating to the establishment and maintenance of personnel standards on a merit basis, except that the Board may exercise no authority with respect to the selection, tenure of office, and compensation of any individual employed in accordance with such methods) as are found by the Board to be necessary for the proper and efficient operation of the plan;

(6) That the state agency will make such reports, in such form and containing such information, as the Board may from time to time require, and comply with such provisions as the Board may from time to time find necessary to assure the correctness and verification of such reports;

(7) That the state agency shall, in determining need, take into consideration any other income and resources of an individual claiming medical care; and

(8) Safeguards which restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the plan. . . .

Domiciliary Care for Discharged Disabled Veterans.— S. 2727, introduced by Senator Schwartz, Wyoming, August 20, and pending in the Senate Committee on Pensions. A bill to provide domiciliary care for discharged disabled veterans pending adjudication of claim for pension.

Comment.—This bill provides that any person who is discharged from the active military or naval service for disability incurred in such service in line of duty shall be entitled to domiciliary care in a Veterans' Administration facility pending the adjudication of a claim for disability pension, provided such claim for pension is filed by the disabled person with the Veterans' Administration immediately upon discharge from the active military or naval service.

COMMITTEE ON POSTGRADUATE ACTIVITIES†

Institutes on Wartime Industrial Health*

Report by the Secretary of the Institutes

California, within the short space of two years, has changed from an agricultural state to an industrial commonwealth. Obviously this alteration has presented new problems to practicing physicians heretofore inexperienced and untutored in the knowledge of the occupational diseases. Appreciation of this fact was voiced at the May, 1942 session of the Western Association of Industrial Physicians and Surgeons. When it was suggested that some form of an educational program be adopted, this body immediately sought and gained the enthusiastic coöperation of the California Medical Association. Subsequently the aid of the California State Department of Public Health was obtained. Arrangement of the program, as well as the meeting places, was left to the Postgraduate Committee of the Western Association of Industrial Physicians and Surgeons.

An entirely new departure from the usual postgraduate program was undertaken. Instead of holding these Institutes at the traditional meeting places of the various county societies, they were taken to the very back yard of the industrial physician—out into the outlying industrial centers. It was felt that by doing this many physicians would be able to attend who otherwise would feel that they could not take the time off to travel any distance.

In retrospect, the meetings were considered to be highly successful. Approximately a little over a thousand physicians were in attendance, as well as a goodly number of industrial nurses, plant managers, personnel directors, etc. The highlights of the meetings were the papers of the guest speakers, Dr. Carey McCord, of Detroit, and J. J. Bloomfield, of the United States Public Health Service, from Bethesda, Maryland; the demonstration of equipment, devices to detect the presence of noxious substances, and the Question Box conducted at the end of each day's session. It is believed that the physicians were especially interested in the demonstration of the various types of apparatus used by the hygienist at the plants. When the second series of meetings is held (which is planned for the latter part of this year), greater emphasis will undoubtedly be placed upon hygienic measures for the prevention of occupational diseases, as well as upon the value of the Question Box.

Credit for the success of these meetings must be given to Dr. George H. Kress, Secretary of the California State Medical Society, who gave unstintingly of his time and interest, as well as placing at the Committee's disposal the services of the C.M.A. Postgraduate Committee; Dr. Bertram P. Brown, Director of Public Health of the State of California, who, through his department, sponsored the financial part of the program and placed at the Institutes' disposal certain of his doctors and office force; and, especially to Dr. William P. Shepherd, who, as Chairman of the Postgraduate Committee of the Western Association of Industrial Physicians and Surgeons, so ably directed the entire program.

† Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary, who is secretary ex officio of the Committee on Postgraduate Activities.

* Report submitted by R. T. Johnstone, M. D., Secretary, Western Association of Industrial Physicians and Surgeons, 423 Towne Avenue, Los Angeles.

Abstracts of addresses appear in this issue of CALIFORNIA AND WESTERN MEDICINE. See index.

Health Officers' Department—League of California Cities

PROGRAM: LOS ANGELES, CALIFORNIA, SEPT. 21-24, 1942

Monday, September 21

8:00 a.m. to 12:15 p.m.—See General Sessions Program.

2:15 p.m. Department Session—Presiding Officer, Warren F. Fox, M.D., Health Officer of Riverside County.

1. Presidential Address—John D. Fuller, M. D., Health Officer of Santa Cruz County.
2. Report of the Secretary—Bertram P. Brown, M. D., Director of Public Health, State of California, San Francisco.
3. The Procurement and Assignment Services and Public Health—Clarence G. Toland, M. D., Los Angeles County Chairman, Procurement and Assignment Service.
4. Report of Legislative Committee.

Tuesday, September 22

9:00 a.m. Department Session.—Presiding Officer, F. E. Gallison, M. D., Health Officer, Ventura County.

Wartime problems:

1. The Emergency Medical Services—Fred Foard, M. D., Medical Director, Office of Civilian Defense, Ninth Region, San Francisco.
2. Supervision of Public Water Supplies in Wartime—E. A. Reinke, Senior Sanitary Engineer, Civilian Defense, Bureau of Sanitary Engineering, Berkeley, California.
3. Public Health Problems in Wartime—Edward Lee Russell, M. D., Santa Ana, Health Officer of Orange County.
4. The Housing Shortage and the Public Health—Catherine Bauer, Mills College, Oakland.
5. State Subsidies for Tuberculosis Hospitalization—Edward G. Kupka, M. D., Chief, Bureau of Tuberculosis, State Department of Public Health, Los Angeles.

1:30 p.m. Trip to Planetarium—Buses leave 1:30 p.m. from Grand Avenue entrance, Biltmore Hotel.

5:00 p.m. Barbecue—Crystal Springs Picnic Grounds, Griffith Park.

Wednesday, September 23

9:00 a.m. Department Session—Presiding Officer, Sam Greene, Manager, California Dairy Council, San Francisco.

General Subject: Joint Conference on Problems Related to the Production, Processing and Distribution of Milk Products in Wartime.

1. Tuberculin Testing Program—C. U. Duckworth, D.V.M., California State Department of Agriculture, Sacramento.
2. Problems of the Industry—Darrell Lewis, Arden Farms Company, Los Angeles; Roger Jessup, Roger Jessup Certified Farms, Los Angeles.
3. Inspection Standards—Representative of the dairy inspectors group.
4. Milk for All of California—William J. Cecil, Director, Department of Agriculture, Sacramento.
5. The Health Officer Sees the Problem—Speaker to be announced.

2:15 p.m. Department Session—Presiding Officer, Harrison Eilers, M. D., County Health Officer, San Luis Obispo.

1. Panel Discussion—Nutrition and the War—A. J. Lorenz, Leader, Southern California Nutrition Committee.
2. Plans for Future Development of the Maternal and Child Hygiene Program in California—Jessie Bierman, M. D., Director of Maternal and Child Hygiene, California State Department of Public Health, San Francisco.
3. The Kenny Method for Treatment of Infantile Paralysis—Martin Mills, M. D., Chief, Crippled Children Services, Department of Public Health, San Francisco.
4. The "Penny Milk" Program—Dr. Samuel E. Wood, Supervisor of the Agricultural Marketing Administration, United States Department of Agriculture, San Francisco.

7:00 p.m. Annual Banquet—Health Officers Department—John D. Fuller, M. D., County Health Officer, Santa Cruz, presiding.

Thursday, September 24

9:00 a.m. Department Session—Presiding Officer, Walter W. Fenton, M. D., County Health Officer, San Bernardino County.

1. Jaundice—Lt. Col. E. Richmond Ware, M.C., United States Army. Discussants—Hubert O. Swartout, M. D., Director, Bureau of Preventable Diseases, Los Angeles County Health Department. Saul Ruby, M. D., Assistant Health Officer, San Diego County.
2. Tropical Diseases and the Present World Conflict—Dr. John F. Kessell, Professor of Bacteriology, University of Southern California, School of Medicine, Los Angeles. Discussant—Norman B. Nelson, M. D., Epidemiologist, City of Los Angeles Health Department.

To Your Health

The annual meeting of the American Medical Association is for most doctors in North America the greatest postgraduate educational opportunity of the year. The lecture sessions in every branch and specialty of medicine present papers which represent the newest discoveries and investigations. A new section was added this year on general practice which is a healthy sign of the times, when laymen ask me nearly every day why they can't get a good family doctor, to whom they can turn over all their medical problems.

The exhibits of manufacturers of drugs, instruments, foods, baby foods, beds, publishers of medical books (there are at least twelve large firms of this character in North America) provide sound education and inspire the doctor to renovate his equipment and keep up with the times.

But the third educational feature of the session, the scientific exhibit, has grown during the last few years until it is really first in educational value.

These exhibits, entirely noncommercial in character, are set up by private doctors to show the work they have been doing in their home town hospitals, clinics or laboratory. By actual demonstrations or photographs, in many cases beautiful and elaborate drawings, and small motion picture exhibits, the new ideas are shown in a succession of booths like a glorified county fair, on the basis that one look at an actual demonstration is worth more than 1,000 words read from any manuscript.

A doctor hears of some treatment given in a far away city; he would like to go to see it for himself. But he hears of five or six of these during the year; and when he gets to the American Medical Association meeting he finds that they all have been brought together under one roof. The demonstrators are physicians in private practice who have developed the method, and have pledged themselves to stay in their booth at the exhibition hall every hour it is open and explain all the details to doctors.

Most of these lectures and exhibits are too technical to attempt to recount for a lay audience.—Logan Clendening, M. D., in San Francisco *Call-Bulletin*, September 19.

War Declared on Factory Accidents

Doctors, nurses, safety engineers and industrial representatives met yesterday at the Inglewood Country Club to have a go at cracking production's biggest bottleneck —sickness and injury of workers.

The meeting was one of a series sponsored throughout the State by the California department of public health in coöperation with the California Medical Association and the Western Association of Industrial Physicians.

J. J. Bloomfield, safety engineer of the United States public health service, told the representatives of industry that they must go beyond efforts to insure a safe and healthful working environment for their employes if the nation's production is to be notched up to a war winning pitch.

"More than nine-tenths of the 400,000 working days lost last year were due to nonoccupational illness and injury," he declared.

"Crowding, poor housing, lack of sufficient medical facilities, schools, recreation and other welfare services all combine seriously to threaten health and to disrupt normal family life.

"Add to these the mental strain caused by war worries and we have a situation, under which thousands of war workers are now living, which is certainly not conducive to good morale and all-out production.

"Industrial medicine can no longer confine itself to emergency treatment and the diagnosis of occupational diseases. True, there is a bigger job to be done in the plant itself, that is a job of prevention.

"But even this cannot be accomplished without a prompt and responsible recognition of the influence of living conditions upon absenteeism and industrial disability.

"In dealing with the worker, we must adopt a concept of the total man, deal with his health 24 hours a day, if we are to keep him on the job and enable him to contribute to the common cause."

Bloomfield sounded a note of warning to war plant operators that they are passing by too much manpower through physical restrictions for employment that are too rigid. He said that the war manpower commission is considering advice to the war plants that they relax their requirements somewhat and find places at their work benches for persons somewhat physically handicapped but able to perform certain work.

He warned them also that with the entrance of more older men and under draft age youngsters and women into the war plants, greater effort would have to be made in the proper adjustment of working hours to control fatigue and prevent overwork.

Other Institutes on wartime industrial health, with Dr. Robert T. Legge, past president of the Western Association of Industrial Physicians and Surgeons, serving as chairman, will be held at the Tuesday Afternoon Club, 400 North Central Ave., Glendale, today, and at the Women's Club of Huntington Park, 6828 Rugby Ave., Huntington Park, tomorrow afternoon.—Los Angeles *Daily News*, August 27.

COMMITTEE ON ASSOCIATED SOCIETIES AND TECHNICAL GROUPS

Facts Relating to Present Need for Nurses

Questions invariably asked when the present need for nurses is under discussion include:

How many nurses are there in the country? How many are eligible for military service? How many student nurses are enrolled in nursing schools?

Answers may be found in recent issues of the American Journal of Nursing. In summary they are:

Number of Registered Nurses in the United States According to the National Nursing Inventory

1941

Total number	289,286
Number actively engaged in nursing	173,055
Number inactive in nursing but available for full-time work	25,252
Number active and inactive in nursing, eligible for military service	75 000

Distribution of Nurses Actively Engaged in Nursing

Total number	173 055
Institutional	81 708
Public Health nursing	17.776
Industrial	5 512
Private duty	46.793
Other	9.940
Unknown	11.336

Number of Nurses Graduated from Nursing Schools

1941	25 875
1940	23 640

Number of Students Enrolled in Nursing Schools

1942 (estimated)	91 000
1941	87 588
1940	85 000
1939	82,000

Admissions to Schools of Nursing During the School Year

1942-43:

Total number needed	55 000
Admissions, summer, 1942	3 800
Expected admissions, Fall, 1942	36 044
Additional number needed in Fall '42 and Spring '43	15,156

From *Professional Nursing*, Vol. 14, No. 4.

A round man cannot be expected to fit a square hole right away. He must have time to modify his shape.
—Mark Twain, *More Tramps Abroad*. Ch. 71.

COMMITTEE ON SCIENTIFIC WORK

Annual Session, 1943

Plans are proceeding for the 1943 session of the California Medical Association to be held—unless unforeseen complications arise—during the first week of May, 1943, at Hotel Del Monte.

Members of the California Medical Association who are in position to submit papers for the general or section programs should communicate promptly with the Secretary of the proper Scientific Section (addresses of Section Officers are printed in each issue of CALIFORNIA AND WESTERN MEDICINE, on adv. page 6).

For the information of members, a copy of the text of one of the certificates of award, granted at this year's annual session, is presented with this notice.

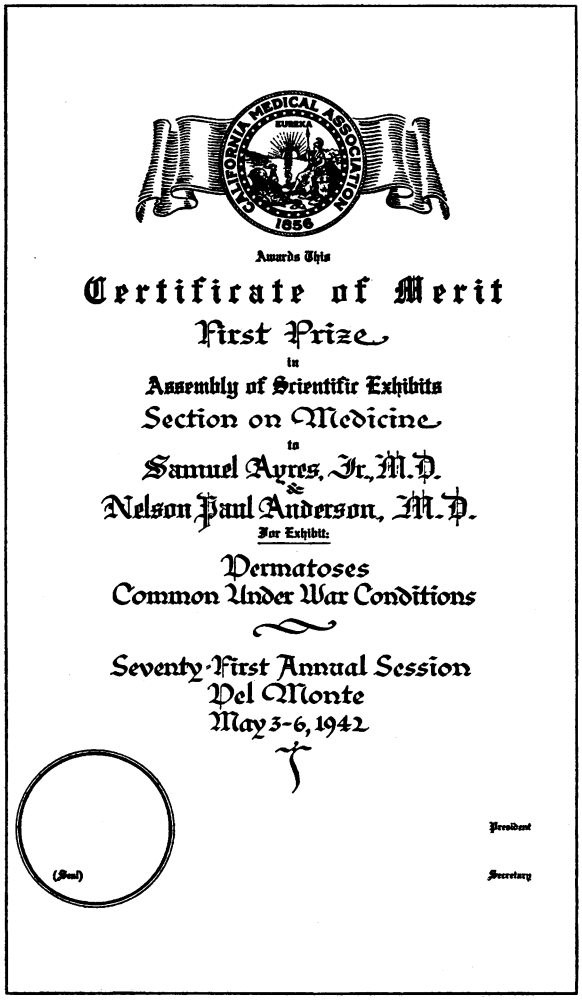
Prizes for Scientific Exhibits.—Scientific Exhibits by members of the California Medical Association, or by California institutions or organizations will be allocated to three classes: 1. Medical; 2. Surgical; 3. Public Health.

If, in the opinion of the Committee on Awards, exhibits of sufficient merit are displayed, prize awards will be given in each class, as follows:

First prize—$50.00 and framed certificate;

Second prize—$25.00 and framed certificate;

Third prize—Honorable Mention.


Awards This

Certificate of Merit

First Prize

in

Assembly of Scientific Exhibits

Section on Medicine

to

Samuel Ayres, Jr., M.D.

&

Nelson Paul Anderson, M.D.

For Exhibit:

Permatoses Common Under War Conditions

Seventy-First Annual Session

Del Monte

May 3-6, 1942

(Seal)

President

Secretary

COMMITTEE ON MEDICAL ECONOMICS

Re: Nonprofit Medical Service

The *New York State Journal of Medicine*, Vol. 42, No. 13, July 1, 1942, printed the following item, not without interest to physicians in California.

PUT UP, OR SHUT UP!

"The introduction of the 'Hampton Bill' in the session of the legislature just closed signalizes the end of the period of grace in which," says the *Westchester Medical Bulletin*, "the medical profession has been permitted to carry on a dignified debate as to whether it should or should not give unreserved support to medical expense insurance under medical auspices."

Due to the common-sense decision of the House of Delegates at its 1942 Annual Meeting, such unreserved support for all three of the plans operating in the State of New York was obtained. The reference committee of the House of Delegates reported "that the situation is serious and the emergency genuine." It specifically recommended:

"1. That all county medical societies be contacted and assisted and immediately urged to coöperate with approved plans.

"2. That the State Medical Society through its Subcommittee give all aid at its command to help these county medical societies succeed with this work.

"3. That the principles of nonprofit medical insurance be re-emphasized as adopted in the 1941 report.

"4. That intense energy be used to obtain a larger number of subscribers among the low-income groups.

"5. That hospitalization and medical care plans remain independent of each other. . . ."

Let us get down to a little plain speaking on this subject. The directions of the House of Delegates as set forth above, are direct and simple. Boiled down, they say: *Get busy. This means you!*

You may or may not have attended the meetings of the House. If you did, you heard the report and have no excuse for not getting busy, if you have not already done so. If you didn't attend, but can read, you saw in this JOURNAL, in the issue of June 1, an editorial "Now for Action," which was based on the cited directions of the House of Delegates and which urged you to get behind your regional nonprofit medical expense indemnity plan *and push.*

* * *

There is only one way in which the membership of the Society can be told the facts of life at reasonable expense, and that is through the printed word—in this case, your JOURNAL. If you don't read it, the entire profession of the state may be placed in jeopardy; if you do read it, but do nothing to comply with the specific instructions of your own legislative body, then, no matter what happens, the medical profession can blame nobody or anything but its own indifference.

* * *

Put up, or shut up. "The 'Hampton Bill' was introduced at the direct request of the Insurance Department and would almost certainly have been adopted by the legislature if the Insurance Department had not later requested that it be held over for one year." Of that year, seven months have now elapsed. The sands are running out. What will you do about it?

If *you* are concerned with this problem, the first logical step is to become a professional member of your regional plan. . . .

* * *

When you have done so, your next opportunity to make your influence felt is to bring the plan to the attention of your patients with the recommendation "that they request their employers, trade associations, and other groups with which they are affiliated to avail themselves of this modern type of protection against "medical economic catastrophes." It's *your* plan: it's *your* responsibility; *you* have to make it work. If you don't, and the time is growing short, you may expect the Hampton Bill or a similar one to be passed by the legislature next year whereby the services of physicians will become merely incidental to hospitalization. This is plain speaking: Nobody will do it for you. Do it yourself, and do it now. Put up, or shut up!"

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (7)

Alameda County (5)

Robert R. Hampton, *Oakland*
William D. McCarthy, *Oakland*
Hannah Peters, *Oakland*
Thomas Reich, *Oakland*
Janet Sampson, *Oakland*

Monterey County (1)

Robert H. Schock, *Soledad*

Santa Barbara County (1)

Clifford F. Jones, *Santa Barbara*

Retired Members (2)

Joseph A. Champion, *San Bernardino County*
Will R. Manning, *Ventura County*

In Memoriam

Anderson, Oscar. Died at Long Beach, September 6, 1942, age 68. Graduate of Dunham Medical College, Chicago, 1902. Licensed in California in 1909. Doctor Anderson was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✤

Bowers, William Sidney. Died at Los Angeles, September 4, 1942, age 47. Graduate of College of Physicians and Surgeons, Los Angeles, 1919. Licensed in California in 1919. Doctor Bowers was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

✤

Finch, William Clinton. Died at Los Angeles, August 10, 1942, age 69. Graduate of University of Louisville School of Medicine, Louisville, 1897. Licensed in California in 1898. Doctor Finch was a retired member of the Los Angeles County Medical Association and the California Medical Association.

✤

Hoffman, Rubin Ora. Died at San Diego, August 16, 1942, age 74. Graduate of Eclectic Medical College, Cincinnati, 1891. Licensed in California in 1908. Doctor Hoffman was a member of the San Diego County Medical Society, the California Medical Association, and the American Medical Association.

✤

Wood, William Almon. Died at Oakland, July 21, 1942, age 66. Graduate of University of Southern California School of Medicine, Los Angeles, 1906. Licensed in California in 1909. Doctor Wood was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✤

OBITUARIES

Moses Scholtz

1875—1942

"No man can be great in his own profession who has not a vigorous intellectual life outside of it, beyond it and above it."

These are the words of Andrew Preston Peabody. They are wise words and they find eloquent example in the distinguished career of Dr. Moses Scholtz. To the profession in general, Dr. Scholtz was a revered colleague, a great dermatologist, a gifted clinician. That, however, is but part of the picture. He was also a man of broad sympathies and understanding heart. Those who were fortunate enough to have his friendship were ever enriched and inspired by his keen and cultivated mind, by his profound interest in general culture. Through the varied activities in which these qualities found expression, Dr. Scholtz added much of richness and integrity to the life of the city in which he held an enviable rôle of leadership.

A fair knowledge of French and German is generally considered indispensable to those who desire full command of their respective departments of science. To Dr. Scholtz, that was not enough. He became a master of both these languages. He penetrated their literatures and took delight in writing poetry in French.

His finely disciplined and logical mind was supplemented by his deep responsiveness to beauty, by his love of nature (especially at his ranch in Arcadia), by his sensitive enjoyment of great music, by his fine aliveness to verse and all other departments of artistic expression.

His point of view on social questions, political economy or any current event, was invariably voiced with clarity, elegance and touches of humor.

With a personality so well integrated, with a mind so harmonious and finely balanced, he was able easily to combine his serious productive pursuits with the stimulating relaxation of a game of chess or bridge. But even in the sphere of diversion, his mental vigor was never content with mere passive ease. As a champion at chess, as a scientific bridge player, he showed consistently the same thoroughness and determination exhibited in other facets of his life.

Moses Scholtz—here was a man completely, warmly and productively alive. We who knew and loved him find comfort in the rich and vivid memory of one who so finely embodied the nobility and dignity which human life can attain.

GABRIEL SEGALL, M. D.

✤

Edward Charles Fabre-Rajotte

1875—1942

Since January 2, 1917, Dr. Edward Charles Fabre-Rajotte had been a valued member of the San Francisco County Medical Society. On September 14, 1942, he passed away, leaving a host of friends and associates who will feel his departure as a great loss, not only to themselves, but to the medical profession as well.

Chief surgeon of the Eye, Ear, Nose and Throat Department at San Francisco's French Hospital since 1915, Doctor Fabre-Rajotte served as consulting occulist to the Metropolitan Life Insurance Company, and carried on an extensive practice at his office at 450 Sutter Street.

Doctor Fabre-Rajotte was born at Aylmer, Quebec, Canada, in 1875. He was educated at St. Louis College, and McGill University at Montreal, where he received his degree in the year 1899, becoming a member of the Quebec College of Physicians and Surgeons also in that year. In 1911-12, he served on the faculty of the University of Paris, France, and was Ex-Associate Chief Ophthalmologist there from 1911 to 1913.

Doctor Fabre-Rajotte served with the U. S. Volunteer Medical Service Corps in 1918, and was awarded the Chevalier of the Legion of Honor of France in 1935. Author of numerous medical reports, he was well known

† For roster of officers of component county medical societies, see page 4 in front advertising section.

both here and abroad. He was a member of the California Medical Association, the American Medical Association, the Pacific Coast Oto-Ophthalmological Society, as well as the County Medical Society.

Always scrupulously attired, the gallant red ribbon upon his breast, Edward Fabre-Rajotte will long be remembered as a charming and colorful gentleman of the old school, whose presence among us was a constant reminder of a day that will never come again.

HAROLD M. F. BEHNEMAN, M. D.

✤

Donald S. Gidley
1905—1942

Doctor Donald S. Gidley died at Fort Lewis, Washington, July 5, 1942, at the age of 37. He was a graduate of the University of Oregon Medical School, Class of 1930, and was licensed in California in 1931. Dr. Gidley enlisted in the Medical Reserve Corps as a First Lieutenant in October, 1939, was promoted to a captaincy in October, 1940.

On March 1, 1941, he entered active service in the Medical Corps and received his majority on June 15, 1942. At the time of his death, he was the Regimental Surgeon at Fort Lewis. Major Gidley was in active practice in Ontario and a member of the San Bernardino County Medical Association and the California Medical Association, and was also a Fellow of the American Medical Association.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION†

MRS. F. G. LINDEMULDER.....President
MRS. RENE VAN DE CARR.....Chairman on Publicity
MRS. ROSSNER GRAHAM..Asst. Chairman on Publicity

President Lindemulder's Suggestions and Projects for 1942-1943

Never before has the Auxiliary faced such a challenge as it faces today, for our husbands are being called into the Service, either into the armed forces or into civilian duty in the defense areas. When this happens, it is our first tendency to drop everything, and take less and less interest in things that formerly occupied our time. I want you to realize that this is the time you are needed, as *auxiliary members,* more than ever. We have an opportunity for service that no other group can offer. We are doctors' wives, and as such we should be so strong, so united, that no smallest opportunity for service should pass us by. The war has opened new fields of service for us and we should accept the importance of this work. Our husbands have their way of serving our Country by attempting to maintain its present high standard of health. We, also, can serve our Country, through the Auxiliary, by the furtherance of Health Education which is one of our main objectives this year. Read the following carefully, and see if among the suggestions and objects there are not many things that are vitally necessary to your community, and to our Country.

Health Education.—Let every Auxiliary be represented on the program committee of all lay organizations. Suggest that health talks be given by accredited physicians.

Legislation.—Follow the suggestions sent to you by the State Legislation Chairman and the Public Health League. Campaign as hard as possible so that the Basic Science Law (Proposition 3), on the November ballot, will be assured.

The Woman's Auxiliaries to the California Medical Association have been requested to assume their responsibility of bringing to the attention of the women of California, through an Educational Program, the merits of the Basic Science Act. The Presidents of the County Auxiliaries will be responsible for their individual Counties. Women of Northern California are being organized under the leadership of Miss Ethel O'Brien, Field Representative of Public Health League of California. Miss O'Brien will talk to members of the State Board at their Fall meeting which has been scheduled by the State President, Mrs. F. G. Lindemulder, for September 11, at Rio del Mar Country Club, Aptos, California.

Annual Physical Examinations.—Make our motto, "See your doctor once a year." Now that so many of our doctors are being taken away to serve our Country, it is more than ever necessary to *keep* physically fit. By annual examinations, small illnesses can be prevented from becoming big ones.

Nutrition.—See that each Auxiliary is proprely educated on how to feed the family. Pass this knowledge along to lay organizations. Improper diets cause many preventable illnesses.

Hygeia.—It is important to see that this health magazine is placed in all public schools, camps, libraries and homes. It is the only authentic health publication printed for the lay reader, and in itself will do much to help keep our Country fit. Let every member subscribe, and if she has no need for the magazine, see that her subscription goes to some place where it is needed. Remember, we are not magazine salesmen when we advocate the sale of *Hygeia,* but we are health teachers and supporters.

Medical Defense.—The Medical Defense set-up throughout the United States, functions best when it is carried out by local doctors. The Woman's Auxiliary must be prepared to seek and accept leadership in Medical Defense programs rather than work with other organizations and thus dissipate our force as a medical group. The Auxiliary should be the channel through which health education must flow.

Medical Benevolence Fund.—Let us do all we can to support this worthy project that the California Medical Association has started. May every Auxiliary contribute something this year so that we, too, may know that we have helped to the best of our ability.

Friendly Relations.—Because there is a war, do not forget the friendly social contacts. Remember the wife whose husband has gone to war. Keep up morale by being more friendly than ever with other doctors' wives. We have much in common, now more than ever before.

There are many more activities than our Auxiliaries are already maintaining, blood banks, Red Cross, Nurses' Aid, ambulance corps; these are only a few of them. But above all, remember we, as doctors' wives, are going to help hold the home front. We will continue, strong, helping our husbands in every way possible, doing all we can to aid our Country. We will keep a firm and united front, that we may be worthy of the tasks before us.

News Items

Alameda County has continued, throughout the summer

† Reports of county chairmen of publicity should reach Mrs. Rossner Graham, Assistant Chairman of Publicity, 6101 Acacia, Oakland, by the tenth of the month previous to publication. Address of the Chairman of Publicity: Mrs. Rene Van de Carr, 51 Prospect Road, Piedmont. For roster of state and county officers, see page 6, in front advertising section.

months, the canteen work at the U.S.O. House in Oakland, and members of the group have served the third Tuesday of each month, from 11 a.m. until 10 p.m. Approximately 600 service boys have been entertained there on these days. Mrs. John Saam has acted as chairman with Mrs. A. A. Alexander, Mrs. Robert A. Glenn, and Mrs. William Henry Sargent as hostesses.

* * *

Fresno County held its last meeting of the year in May at the home of the President, Mrs. J. R. Walker, where tradition of last year's gathering was made of having a box supper for the benefit of the Benevolent Fund.

Each member came costumed as her "suppressed desire," and was expected to rid herself of any inhibitions. It seemed apparent that the doctors' wives secretly yearn for public life, as there were ballet dancers, artists, movie stars and even Mother Dionne. Since this party was as private as it was successful for the thirty members present, it was felt that only this much can be divulged.

* * *

The last meeting of the year for the Santa Barbara Auxiliary was held at the El Mirasol Hotel. The group met for luncheon and to wind up the year's business. Thirty-seven members were present, including associate members, most of whom were wives of the officers of Hoff Army Hospital. Santa Barbara is proud that two of its members are on the State Board for the coming year: Mrs. Richard McGovney, as State Treasurer, and Mrs. C. W. Henderson, as State Historian.

Before adjourning, Mrs. John Van Paing called attention to the need of a lounging room equipment at Camp Cook. She urged, therefore, the interest of members in securing radios, victrolas, lamps, sofas, card tables, magazine racks, etc., for the soldiers, and suggested that summer activities might follow this line of endeavor.

CALIFORNIA PHYSICIANS' SERVICE†

Beneficiary Membership

September, 1939	1,220
March, 1940	9,322
December, 1940	20,993
June, 1941	27,632
December, 1941	32 562
July, 1942	34,520
August, 1942	37,081

California Physicians' Service has successfully completed a one-year experiment with low income farm families. This was done on a small scale in three areas of the State, centering around Butte, Sonoma and Monterey Counties. After analyzing the data collected, it was felt that with indicated modification of rates and benefits this program could now be safely extended to the rest of the State. During the months of September, October and November, low income farmers in California will start to enroll and may call upon professional members for services under this plan shortly thereafter.

For this reason, it is well for each physician to have some information about this plan.

It was developed in conjunction with the Farm Security Administration, which is operating medical plans in practically every State, involving some 400 000 persons. It is the largest medical-care plan in the United States.

The objectives of the F.S.A. are to protect the health of its borrowers and at the same time find a method whereby their physicians will be assured of an adequate fee for their services, and private hospital bills will be paid.

In this state such a plan will redirect a family—whose only resource in the past may have been tax-supported county hospitals or unpaid doctor and hospital bills—back to the private practitioner and private hospital. It brings new money to rural communities.

The majority of the families that will be enrolled are borrowers of the F.S.A. They are borrowers because they have lost local bank credit. Other families who are not borrowers are eligible provided their incomes do not exceed $2 000 a year. The names of these families are available to local County Medical Societies, and if any of them do not appear to be the kind of family which should be included, we can refuse to take them if a re-investigation of their financial status substantiates our claim.

The Farm Security Administration staff will do all of the organizing and selling of groups. This relieves C.P.S. of considerable expense. All medical administration is, of course, handled by C.P.S. In effect, with this arrangement the government stays on its side of the fence, and the medical profession is in its position of control over professional matters. Such a pattern is desirable, in the face of future socialization of medical and hospital care.

The rates run from $20 00 a year for a single person to $60 00 a year for a family of three or more. The contract runs for one year, at which time readjustments can be made.

In general, for this rate families are allowed medical and surgical care for all acute illnesses. Care for chronic illnesses is limited to three weeks. They may have 10 days of hospitalization and $25.00 toward hospital costs for a delivery. The patient must pay $1.50 for the first call made to the home in each separate illness. Doctors' referrals and bills will be handled in the same way as regular C.P.S. business is handled, so there are no new forms or paper work to bother with.

Physicians may be getting inquiries from local farm families wishing to join, or leaders of farm groups may wish to discuss the plan with them. The entire movement has the endorsement of the House of Delegates of the California Medical Association, so they may be assured that proper clearance in the interest of the medical profession has been obtained.

These are days when a great many things have been shouldered by the medical profession. A great responsibility has been delegated to us by the War Manpower Commission through the Procurement and Assignment Service. In addition to the task of supplying the armed forces with necessary medical personnel, an important part of this responsibility is to provide adequate medical care to the civilian population.

This is a worthwhile medical plan for our food-producing farmers, in line with this responsibility.

The Counties included in the plan are as follows:

Butte, Colusa, Fresno, Glenn, Imperial, Kern, Kings, Lake, Madera, Marin, Mendocino, Merced, Monterey, Placer, San Benito, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Siskiyou, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tulare, Yolo, and Yuba.

† Address: California Physicians' Service, 153 Kearny Street, San Francisco. Telephone EXbrook 0161. A. E. Larsen, M. D., Secretary.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

For roster of non-profit hospitalization associates in California, see in front advertising section on page 3, bottom left-hand column.

MILITARY CLIPPINGS

Military Clippings—Some news items of a military nature from the daily press follow:

Draft Standards For Doctors Set

Washington, Sept. 5.—(AP.)—Standards by which public health physicians should be considered essential in their present work and "non-available for military duty" were announced today by Manpower Chairman Paul V. McNutt.

A physician should be excused from military service, the announcement said, if he comes within one of two categories:

1—A full-time medical officer in charge of a health service of a governmental unit or administrative district, such as State, district, county or city.

2—A full-time head or chief of an administrative unit within a health department.

Physicians in public health positions other than those specified, who are under 37 years of age, the announcement said, "should expect to be released for military service, except under unusual circumstances, and their places should be taken by older persons."—Oakland *Tribune,* September 6.

* * *

Doctors in Service

But Their Offices Are Kept Intact—Policy of One San Francisco Office Building

The management of the 450 Sutter Building has solved one of the biggest problems that doctors and dentists face when they are about to go into the armed services—what to do with their office equipment?

The 450 Sutter Building is allowing doctors and dentists to leave their equipment intact in their offices, and their names remain on the directory and on the doors to their offices.

Says Procter Flanagan, manager of the building:

"We're just trying to do our bit. We let them keep their equipment here and, of course, we charge them no rent while they're gone. We've got about 25 offices like that in the building now.

"At least six of our tenants will have been in the service two years in November and we've kept their equipment for them. We dust the offices about once a month and see to it that no moths get in. When someone comes in looking for one of these tenants, we direct them to whoever is handling their practice.

"If someone wants to rent one of the offices, we try to sell them on some other vacancy. Should we need the space, we have permission of the doctor to move his equipment, for when he goes into the service he gives us a letter saying he has been called in, naming some one with power of attorney for him and absolving us of responsibility for the equipment.

"But you can bet we take good care of the equipment. We want it in good shape for these people when they come back."—San Francisco *News,* September 10.

* * *

Industrial Doctors' Status Maintained

Industrial physicians, full and part time, will be retained in their present positions.

This was the order to State chairman of the War Manpower Commission today as Paul V. McNutt of the WMC, pointed out the threatened serious lack of medical direction in industry through releases of these physicians to the armed forces.

"A serious situation is developing in some States because physicians under 45 years of age who are essential in their present positions as key men in industrial practice are being declared available by State chairmen, or are being approached directly by recruiting boards with instructions to apply for a commission in the Army Medical Corps.

"The selective service system and surgeons general of the Army and Navy are coöperating with us to keep at their posts the physicians declared to be essential by our State committee."

A physician employed in industry is deemed to be essential when the following conditions exist:

(1) The physicians is employed by an industry which is manufacturing war materials exclusively or under priority ratings.

(2) The physician gives his full time to the industry or 40 or more hours weekly, has been so employed for at least two years or is especially trained for that purpose and is carrying on an acceptable health maintenance program.

(3) The physician is performing the functions of a medical director or department head or of a specialist or is the only physician employed.

(4) Assistant physicians who perform routine functions under direction, and reëmployed on a full-time basis, are deemed essential until they can be replaced within a reasonable time (3 to 6 months).

(5) The physician serves part-time two or more industries engaged exclusively in the manufacture of war materials or under priority ratings, providing his total part-time service is the equivalent of 40 or more hours weekly. The physician who serves on call is not deemed to be essential.

(6) The physician serves a State industrial hygiene bureau on a full-time basis.—Riverside *Press,* September 10.

* * *

Draft Deferment of All Medical Students Asked

Washington, Aug. 29.—(INS.)—Senator Joseph C. Rosier, Democrat, West Virginia, today called upon the selective service system to give serious consideration to permanent deferment from the draft of all medical students, if the health of the nation is to be properly guarded.

"Small communities everywhere are being stripped of their physicians and surgeons," Rosier said. "The large cities are losing most of their younger and middle-aged practitioners."

Rosier, an educator for fifty-one years, has been on leave of absence as president of Fairmont College at Fairmont, W. Va., while serving in the Senate. He also is a member of the committee on education and labor.

"If the war is long," he said, "and we draft the men of 18 and upwards, we will have no new 'crop' of medical men entering pre-medical courses after this September except those few who begin at ages under 18.

"Those entering the pre-medical courses at the best, or class A schools will not complete their training before 1949 if they follow the usual seven year course."

Rosier then explained that those in the six classes to be graduated between now and 1949 will be young men with little experience.

He said: "With the drain which the army and navy will make upon even this supply there is certain to be a dangerous shortage of doctors."—Fresno *Bee,* August 30.

* * *

Base Hospital Staffs Sought for Southern California

Doctors to Man Units for Care of Civilians to Be Named at Once

Medical directors and staffs to man base casualty hospitals for civilians injured in the course of sporadic or sustained attack on Southern California will be chosen from 14 selected Southern California hospitals and medical schools, it was announced by Major Charles F. Sebastian, medical officer for the Southern Sector Office of Civilian Defense, yesterday

Hospital and medical school heads have been asked to nominate 15 "unit directors" who will be approved by Major Sebastian and by Lieut. Col. Fred T. Ford, 9th Regional medical officer for the Office of Civilian Defense.

To Name Staffs

Unit heads will then nominate their staff members who will be similarly approved.

Unit heads of casualty base hospitals, solely for civilians removed from a combat area for convalescent treatment from casualty stations, will be commissioned lieutenant colonels in the United States Public Health Service and placed on the "inactive" list until the event of an attack automatically places them on duty.

Base hospital staffs will include specialists in internal medicine, general surgeons, orthopedic surgeons, a dental surgeon, pathologist and radiologist, Major Sebastian said. Each unit head, he said, has the privilege of nominating 14 other men to comprise his staff.

Institutions Chosen

Institutions from which personnel will be selected are located in Santa Barbara, Ventura, Los Angeles, San Diego and San Bernardino counties.

Men older than 45 are being sought for the base hospital set-up and the only exceptions to this rule will be those who are not accepted by the Army physically but who will meet such requirements imposed by the duties of the job. . . .

The 15 staffs will move immediately to base hospitals in the event of attack to care for civilian casualties evacuated from danger zones to safer areas for convalescent treatment.

Hospitals Selected

Major Sebastian also stated tentative institutions for several base hospitals have been selected. The work of

surveying locations and institutions for base hospital use, their supply and maintenance is being worked out by Arthur J. Will, Director of Institutions for Los Angeles County and Southern Sector O.C.D. Hospital Officer.

These units, the major indicated, will be the nuclei of civilian casualty base hospital staffs.—Los Angeles *Times*, September 6.

* * *

Blood Bank of Red Cross Honored

Army and Navy 'E' Awarded for Work of Group

In colorful ceremonies climaxed by the raising of the pennant over the center by a soldier and a sailor who owe their lives to Red Cross blood plasma, the Army-Navy "E" for excellence was presented today to the Red Cross Blood Procurement Center, at 2415 Jones Street.

A crowd of 500 persons attended the ceremonies, held in the patio of the California School of Fine Arts.

Presenting the pennant was Brigadier General Frank W. Weed, and accepting for the chapter, Frederick J. Koster, chairman of the board.

Representing the Navy was Captain E. U. Reed, who presented the accompanying emblem, which was accepted by Mrs. Gardiner Dailey, director of the blood bank.—San Francisco *Call-Bulletin*, September 30.

* * *

OCD Organizes Doctors' Units to Care for Invalids

Director James C. Sheppard and Medical Officer Fred T. Foard of the Ninth Regional Office of Civilian Defense, were advised yesterday by National OCD Director James Landis, that units of physicians are being organized to help care for hospital patients who, in case of enemy action, would be moved to emergency hospitals, according to an announcement yesterday.

Now being established in selected medical schools and hospitals in the coastal States, the physicians units are part of the joint program of the civilian population.

The physicians, who will receive commissions in the U. S. Public Health Service Reserve, will be called to active duty only if hospital patients in their own regions must be moved to emergency hospitals.—San Francisco *Chronicle*, September 7.

* * *

O.C.D. Appoints Unit Directors of Casualty Hospital Staffs in Los Angeles

Twelve Doctors Connected With Leading Southland Medical Institutions Named to Posts

Unit directors of civilian casualty base hospital staffs who will have organized medical men ready for instant operation in the event the Southland is attacked have been nominated from the staffs of 12 Southern California medical institutions.

This was announced at the Office of Civilian Defense in Pasadena yesterday.

The nominees and institutions are: Drs. George Piness, Cedars of Lebanon Hospital; Sidney R. Burnat, Good Samaritan; Philip J. Cunnane, General; E. Forrest Boyd, Olmstead Memorial Presbyterian; Donald Cass, Queen of the Angels, and Charles T. Sturgeon, S. C. School of Medicine, all of Los Angeles; Leroy B. Sherry, Huntington Memorial, Pasadena; William L. Cover, San Bernardino County Hospital; Bert A. Adams, San Diego County General; Clarence E. Rees, Mercy, San Diego; Hugh Freidell, Santa Barbara Cottage; Ralph W. Homer, Ventura County Hospital.

Each man eventually will be commissioned the equivalent of a lieutenant colonel in the United States Public Health Service and is charged with the responsibility of organizing a staff of 14 medical men for each unit director.

Hospital Facilities for Raids Checked

Los Angeles is assured of ample hospital facilities in case of air-raid casualties.

This was the statement made to a joint meeting of city and county civilian defense officials yesterday in Mayor Bowron's office by Arthur J. Will, chairman of the augmented city and county hospital committee.

Will reported that 5700 hospital beds would be available in the city and county, with immediately contiguous areas providing 300 more, the 6000-bed total being twice the amount of hospital facilities recommended as standard by the Federal Office of Civilian Defense. The hospital committee chairman said additionally that this city would not have to use hotels, apartment or other makeshift hospitalization plans.—Los Angeles *Times*, October 3.

* * *

Yorktown Officer Praises 'Iron Men'

Sailors Amazing in Bravery, Endurance, Skill and Spirit, Dixie Kiefer Declares

Has the Navy, in superseding its towering frigates with the modern steel, steam-propelled speedsters of the sea, also sacrificed its traditional "iron men" who manned the carronades and rigged the boarding nettings in the service's glorious past?

"Hell—no!" exploded chunky Comdr. Dixie Kiefer, executive officer of the carrier U.S.S. Yorktown, which sank following the Midway victory over a Jap invasion armada, as he hobbled yesterday about the living room of his sister's home at 637 N. Crescent Heights Blvd.

Ankle Shattered

Comdr. Kiefer, whose right ankle was shattered in a fall against the rolling chocks of the listing carrier as he abandoned ship—one of the last to do so—is alternating between Los Angeles and the Mare Island Naval Hospital, where he is undergoing treatment.

"Let me tell you something, young man!" he exclaimed. "The 'wooden ships and iron men' era was long before my time, but the men who man the Navy's ships these days are absolutely amazing in their bravery, skill, endurance and spirit.

Examples Given

Why?—well, let me give you a few examples: . . .

Doctors Efficient

And a comforting note to mothers: "The Navy doctors—many of whom are volunteers and came into the service—are some of the best on earth. They're very efficient and have gained the confidence of all hands. They know their stuff.

"Well, if they didn't, I wouldn't have my right foot attached to me this very minute."—Los Angeles *Times*, October 2.

* * *

Oh, Doctor! No. 2

Behind the News: With Arthur Caylor

The doctors know a crisis when they see one, and they would like to do something about the shortage in medical and hospital care which is approaching San Francisco at the fast lope of galloping consumption. Hospitals are full. Doctors are going into the services. Trained nurses are getting as rare as crown jewels—and just as valuable. The Services are sure to take more of all three.

So the town is sure to find itself on a bed of pain, with no aid in sight—unless, as a municipality, it suddenly becomes as alert as the Services to look after its people. The Services are not only grabbing doctors, nurses and hospitals. They're going back into the country and taking over resorts to which convalescents can be shunted at the earliest possible moment—thereby clearing hospital beds. San Francisco should be doing something similar.

But this means the city must take up a new form of service to the people. Even with the best of intentions and the best of organization, the doctors can't supply hospitals, or back them up with convalescent homes, or train and pay nurses' aides. All this would require too much money. The city has the money. If other dough isn't available, it has millions of Civilian Defense money it can't spend. And medical service to the civilian population seems as much a CD necessity as bomb shelters.

With medical people of all sorts getting fewer, and thousands of others going to war, the population of California has grown 12 per cent since the 1940 census. It's scarcely possible to guess the rate at which this increase will continue. Doctors' offices and hospitals have filled up at an even faster rate than San Francisco's empty apartments.

You may not know this, but the doctors are going into the services under the regulations of the War Manpower Commission—not the Army, Navy or Selective Service. The Manpower Commission hopes to supply as many physicians as the Services demand—now 7.3 per 1000 or more than double the British provision—yet leave enough to meet minimum civilian needs. It is trying not to denude certain areas—especially rural districts. Since January, Dr. Harold Fletcher has been bucking this tough job. Note that it's a rationing job—so many doctors for the Services, so many for civilians.

On paper, it looks as if San Francisco is getting along—and will continue to get along until the Services reach nine million. Yet Dr. J. C. Geiger, the city's health officer, is just back on the job after a bout with bronchial pneumonia which he went through at home because he couldn't get into a hospital. He tried, but no soap. So what chance for an ordinary bloke? Better take that home-nursing course, sister.

Maj. Gen. Lewis B. Hershey, head of Selective Service, says the armed forces will reach 13 millions next year—and that's a way over nine million. His information is of the best. So why fool around? These next-year crises have a habit of arriving before Thanksgiving. Smart mothers-to-be already are signing up for hospitals next

April—or practically before they begin to wonder.

By summer, maternity wards may be the really exclusive clubs. Only, by that time all the obstetricians may have gone into collapse—or have joined the Army to get a rest. Why? Because any known doctor can deliver a baby. Practically every doctor who joins up has a baby or two on the way. So he tells Mrs. Jones to see Dr. Twerp, a good baby man. The result is that the obstetricians are doing their own work and that of several hundred other doctors. When somebody mentions an assembly line, 40 hours, or overtime, they laugh fit to kill.

I mention this particular department of medical affairs only because it's the last department you'd expect to be affected. Others are as bad off—just getting along "as well as can be expected." Everywhere you can see evidence that when Chief Administrative Officer Brooks, Health Director Geiger and Institutions Director Wollenberg go into the matter—as they propose to do—they'll find a need for action which starts now.

You may argue that if the boys can die in the Solomons and over the Ruhr and in Africa, we can get along without doctors. I heard a story the other day which makes one feel that way. The general and his staff went out from headquarters of a militarily secret airfield to inspect night protection measures. When they returned every man they had left behind was dead—cut down by a Jap infiltration party. The radio was blatting over their twisted bodies that folks back home were being asked to eat less meat!

Still, it seems senseless not to make the most of whatever is left to us. And that means the city must help with organization and money and planning. There's no particular point in letting some San Francisco soldier's wife or mother die because we're unable to use the full capacity of the doctors, nurses and hospitals still on hand. Worse, if we don't make the best use of the doctors, nurses and hospitals we are allotted, it will simply mean fewer doctors, nurses and hospitals can be rationed to the armed forces. Doctors will be pulled away from the Services to take care of civilians. There's no percentage in that.—San Francisco *News,* October 8.

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Women Doctors in WAAC

Washington, Sept. 8.—(AP.)—Increased opportunities for women, including women doctors, were forecast today by Mrs. Oveta Culp Hobby, director of the WAACS, and Lieut. Commdr. Mildred McAfee, head of the WAVES. They were guests of the Women's National Press Club. . .

Miss McAfee said the WAVES program is expanding from the originally intended 1,000 officers and 10,000 sailorettes. In addition to 900 officer candidates who will begin training at Smith College on October 6, 300 will be trained at Mt. Holyoke College.

The law creating the Women's Auxiliary Army Corps permits 150,000 women to volunteer for noncombat service, and President Roosevelt in signing the bill limited the number to 25,000 at present. Mrs. Hobby reported this goal would be reached by May.

No limit was placed on the number in the Women's Naval Reserve, and Miss McAfee said the presumption is that the demand for women to replace men in noncombat shore jobs will go much past the original estimate.

At present the WAVES cannot serve outside the continental United States, but this does not apply to the WAACs, and Mrs. Hobby said it is contemplated that four company headquarters of WAACs will go to England this year. She said almost 90 per cent of the WAACs express preference for overseas duty.—San Francisco *Examiner,* September 9.

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Heroic Doctor of Ill-Fated Lexington Gets Naval Cross

Commander From Little Ohio Town Refused to Quit Ship Until Patients Moved Despite Serious Wounds

Annapolis (Md.) Sept. 9.—(AP.)—Comdr. Arthur J. White, one of World War II's previously undisclosed naval heroes and a survivor of the ill-fated aircraft carrier Lexington, today received the Naval Cross during simple ceremonies at the Naval Academy.

One of the Lexington's senior medical officers, White was cited for his refusal to abandon ship although both his ankles and a shoulder were fractured and numerous wounds were inflicted by two thunderous explosions which shattered the stricken carrier in the Coral Sea.

While Japanese torpedo planes and dive bombers dumped their lethal loads on and about the Lexington, the middle-aged doctor, hailing from little West Leipsic, O., transferred his wounded and dying patients from a shattered dressing station and thence to a rescue ship before leaving his post.

White first was wounded when a blast all but destroyed the flimsy dressing station he directed, blowing metal and debris about him. This was the first of two explosions which hastened the Lexington's end.

Covered with blood and hobbling about on his broken limbs, White transferred his patients to another improvised station, but then had to abandon these quarters when the second blast came.

Although the carrier was swathed in flames, White shunned all his subordinates' entreaties to quit his post. Only after his final patient was removed did he consent to be lowered to the rescue ship.

The medal was presented by Rear Admiral John R. Beardall, Navy Academy superintendent, acting for Navy Secretary Knox on behalf of President Roosevelt. Now stationed at the United States Naval Hospital here, White received the award while the entire hospital corps looked on.—San Francisco *Examiner,* September 10.

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Afflicted Will Not Endanger Soldiers

Chicago, Sept. 17.—(AP.)—Wives and mothers of service men were assured today by Dr. Morris Fishbein of the American Medical Association that proposed induction of some men with venereal diseases would not jeopardize the health of others.

Major General Lewis B. Hershey, national selective service director, announced Tuesday the army has agreed to take some men with venereal diseases, starting in October. Of the proposal, Dr. Fishbein, editor of the Association's journal, said:

The induction of men with cureable venereal diseases cannot possibly be hazardous to the health of those in the army since such men are assigned promptly for treatment and are under control.

Certainly the presences of recently acquired syphilis or gonorrhea should not enable a selectee to avoid military service. Modern scientific diagnosis and treatment, including new drugs and new methods, applied to rehabilitation of such infected men could supply the army promptly with from 80,000 to 100,000 additional soldiers.

Already many of the best known specialists in the field of venereal diseases have been commissioned in the army and navy medical departments and in that of the air force. These officers and the guidance of the scientific consultants in the Committee on Venereal Diseases of the Division of Medical Sciences of the National Research Council will assure to those infected the best and the latest that scientific medicine has established as useful in such cases.—Sacramento *Bee,* September 17.

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Victory Must Be Total

Bethesda, Md., Aug. 31.—(AP.)—President Roosevelt dedicated a monumental new naval hospital here today with an assertion that America was wholly dedicated to the defeat of German, Italian, and Japanese tyrants and "to the removal from this earth of the injustices and inequalities which create such tyrants and breed new wars."

He spoke from a platform in front of the white, 270-foot-high section of the new naval medical center and the radio carried his words to all parts of the world by short wave.

Hospital a Symbol

"Let this hospital then stand," he said, "for all men to see throughout the years, as a monument to our determination to work and to fight until the time comes when the human race shall have that true health in body and mind and spirit which can be realized only in a climate of equity and faith." . . .

The center which the president personally helped design was dedicated on the 100th anniversary of the establishment of the navy's bureau of medicine and surgery, and the chief executive pointed to the vital work that the doctors and nurses of the bureau are accomplishing in keeping physically fit the men who man the fighting ships.—Visalia *Times-Delta,* August 31.

If you choose to represent the various parts in life by holes upon a table, of different shapes—some circular, some triangular, some square, some oblong—and the persons acting these parts by bits of wood of similar shapes, we shall generally find that the triangular person has got into the square hole, the oblong into the triangular, and a square person has squeezed himself into the round hole. The officer and the office, the doer and the thing done, seldom fit so exactly that we can say they were almost made for each other.

—Sydney Smith, *Sketches of Moral Philosophy.*